



STAFFORDSHIRE COUNTY COUNCIL

REPORT

of the

MEDICAL OFFICER OF HEALTH

G. RAMAGE, M.A. (Admin.), M.D.

For the Year 1966



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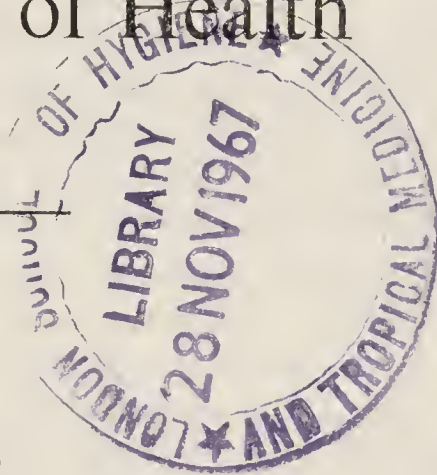
For the Year 1966

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STAFFORDSHIRE COUNTY COUNCIL

Annual Report of Medical Officer of Health



FOREWORD

Although at the time of writing the changes in the County boundary are old history, this is the first report covering three months with the old population of roughly 1,300,000 and the remainder of the year as from April, 1966, with an estimated population of 678,000. The effect of this drop in population on the County's health services has not yet shown itself, as the establishment in terms of specialist officers built up in the time of the larger population has fortunately continued. Clearly the service will cost more per head of the population and it is to be hoped that financial resources will permit the same standard of growth to be maintained in the future. In anticipation of the change, the clerical staff had been kept below strength and even now is smaller than some counties of equal population.

As the statistics this year relate neither to the previous population nor the present population, very few comparisons in statistical terms can be made this year, nor will they be possible until the third year because 1967 will be the first complete year with the present area population of the County. So this year comments will be made on the services with little reference to figures. The year under review was one in which considerable progress was made and extensions to the existing services started. A few new services were brought into being.

Under schemes suggested by the Ministry an "At Risk" Register was commenced. This is a register of children born, who by reason of parental illness or difficulties of birth or by any abnormality introduced at birth, may be liable to develop illness later in life. By the end of the year under consideration 926 such children had been recorded. This involved considerable additional work in the section and clearly is the type of work in which computer assistance can be of the greatest value. Indeed with all new services it is now the routine so to organise the records that they can be "processed" by the computer.

Another very important service which started during the year was the setting up of clinics for the detection of cervical cancer and by the end of the year ten such clinics were in operation; 3,000 persons had been examined and ten positives had been found. Invitations to attend at the end of the year had reached the rate of 150 a week. The County clinics are so organised that the doctor has time not merely to take the smear but also to carry out related examinations, and, what is extremely important to the patient, time to talk to them. So many of these women have extraordinary ideas of what cancer is and what small symptoms they have which they think may well be due to cancer, and a large part of the value of these clinics is from this psychological aspect.

In the section dealing with B.C.G. it will be noted that two methods are being used in the County, that of multiple puncture and that of "Dermo-jet". The latter is a painless method of blowing the B.C.G. through the skin with a special gun, and the County was one of a number of areas used to show that this method was just as effective as other methods and in practice is quite painless.

After some years of consideration the Committee adopted a method of checking the health of applicants for admission to the County staff by means of a questionnaire in place of a routine examination. In those cases where the answers indicate it a medical examination is carried out. This method has resulted in considerable economies of the doctors' time and the questions are so arranged that they can be checked by clerical staff who know when to bring forward doubtful cases for medical opinion as to whether examination is or is not required. Experience has shown that the most frequent cause suggesting medical examination is obesity. This modern disease of prosperity has been commented on before and is the forerunner of a number of states of ill health. It is one of the many conditions which we hope ultimately will be influenced by active health education work.

The Health Education Section this year, as will be seen from the section of the report relating to it, has held a number of exhibitions which have attracted much attention. Indeed their exhibition gained first prize in their class at the County Agricultural Show. Their field of work is wide, including the one of obesity just referred to, and it will be seen in the section dealing with cancer on page 51 that once again a record number of deaths from lung cancer was recorded. In all except a very few cases the patient had been a cigarette smoker.

A new development in health education in this County took place during the year in the form of Mothers' Clubs. This served several purposes which are set out on page 69 but a condition of premises being provided by the County Council and of help being given is that approximately half their programme comprises health education. These clubs have proved very popular and one hopes they will not only provide pleasure but that the health education aspect of the work will eventually lead to much good.

In the section on nurseries and child-minders it will be noted that an extraordinary increase in the numbers of play groups has taken place and these now number 96. At the same time it is interesting to observe that the Stafford and Newcastle-under-Lyme day nurseries are almost full and amongst those attending are 70% of the priority cases. Clearly there is a large demand in the County for arrangements for looking after

children, not only while mothers go out to work but while they attend to shopping and their other duties. In addition the beneficial effect, particularly on single children, in these children mixing under experienced care, is valuable in itself and it has become an important part of the work of the Maternity and Child Welfare Section to supervise these groups and see that the conditions under which they are held and the programmes that they have are all that they should be.

The County Dental Officer reports that of those children under five attending the clinics two-thirds required treatment and nearly all of them required extractions. The deplorable conditions noted in the schools are bad enough but at those ages there has been a little more time for unfavourable action and conditions to act upon the teeth, but no one can view this amount of decay and dental disease in such young children without feeling that urgent action is required. This makes it all the more deplorable that misleading reports by at least one pressure group have held up this County (and in most parts of the country) in the adoption of fluoridation of water, which would do so much to reduce this dental disease. In addition it must be an important part of the Dental Section and the Health Education Section to try and persuade the mothers of these young children to avoid those conditions, now well known, which lead to early dental decay.

During the year, fortunately, recruitment in the Chiropody Section became easier and a better service was offered to the school children, the proportion of time of the Chiropody Service being 22%. A sizable service is now being offered and much good work done which is recorded on page 39. Not unexpectedly much remains to be done and much education is required of parents and of adolescents, particularly girls, in the selection of suitable footwear, both shoes and stockings, to avoid damage to feet which shows itself in later years. Again, this is a field where the Health Education Department can do much and this subject is, of course, included in their work amongst the schools and Youth Clubs and so on.

The staffing position of Health Visitors remains difficult in the county as in the rest of the country and therefore it is all the more pleasing that the County Council agreed to the setting up of a course to train nurses for the Health Visitor's Certificate jointly with Stoke-on-Trent County Borough at the Keele University. This course is due to commence in October, 1967, with 15 nurses and at the time of writing it is known that this is fully booked. If the course continues the following year, as is very much hoped, this number could be doubled. Holding the course at the University not only makes it possible to fulfil completely the requirements of the new syllabus but it is an attraction to nurses and it is hoped thereby that the County, and of course our neighbouring authority Stoke-on-Trent will benefit by additional recruitment to their staffs. While writing of Health Visitors it is perhaps appropriate to mention that a new clinic was opened at Eskrett Street, Hednesford. This clinic, based on a design round a centre court with the glass walls within, has made an extremely pleasant building to work in and it is all the more welcomed because of the very depressing and poor premises which it replaced.

The year has shown considerable progress in the Mental Health Section. The annual Refresher Course was held with 135 persons attending. This reflects great credit on the staff of this section who sacrifice a con-

siderable amount of their time to ensure the smooth running and the high value of the course. The fact that the annual attendance increases each year shows that this course is now nationally known and is a valuable contribution in maintaining a high standard of care of the subnormal. During the year the new Adult Training Centre and Hostel at Leek were opened. These are already full and set in the very pleasant surroundings as they are, they are providing a much appreciated service for the trainees. Progress was made too on the building of the Lichfield hostels which have come into use during this year.

A new section has been written into the report concerning family planning. This is the result of the receipt of Circular 5/66 from the Ministry of Health urging local health authorities to re-consider the service that they offered and asking them to improve that service. This county has for many years supported the activities of the Family Planning Association and as a result of considering this circular it was decided to increase that support, and the service continues to grow. At the time of writing the new National Health Service (Family Planning) Act is on the Statute Book and this will cause further changes and full comment can be left until these are in force.

As mentioned at the beginning of these comments, there have been numerous developments during the year to which it was desired to draw special attention, which makes it difficult to refer to smaller but still important matters as have occurred in other sections, such for example as the County Laboratory, where new work on the test for pesticides has started as part of a national survey. The inclusion of the County Laboratory is an indication of its high standing. In the Health Inspector's Section a great deal of work has been done on new water and sewage schemes which have resulted in large savings to the public purse. In addition during the early part of the year an immense burden was thrown on the Central Office staff on account of the transfer of clinics, ambulances, offices and staff, to the new authorities in the south of the County. Towards the takeover date this involved the maintenance of almost daily lists of a large number of people to ensure smooth working on the 1st April. So this year special thanks and recognition are due to the staff for having carried this burden so successfully. Needless to say, the help and willing co-operation of related departments and the sustained encouragement of the Committee have made it easier to achieve the work, the record of which is set out in the body of the report.

SECTION I

COMMITTEES

STAFF

COMMITTEES

The Committee of the County Council concerned with public health is the Health Committee.

The County Medical Officer also acts as medical adviser to all Committees of the County Council including the Education Committee, Welfare Services Committee and Children's Committee.

HEALTH COMMITTEE

as at 31st December, 1966

Chairman — MISS G. JOULES

Vice-Chairman — W. F. TRACY, Esq.

Ex-Officio Members—

H. GOODWIN, Esq.

Chairman of the County Council

JOHN F. AMERY, Esq., O.B.E.

Vice-Chairman of the County Council

A. L. GARRETT, Esq.

Chairman of the Finance Committee

(Vacancy)

*Vice-Chairman of the Finance
Committee*

Alderman J. J. BEECH

Councillor Mrs. F. M. MILNE

„ Mrs. F. MATTHEWS,
J.P.

„ A. NEEDHAM

„ Mrs. M. ROWLEY

„ G. A. POOLE

Councillor E. H. BEET

„ J. E. RILEY

„ H. V. FEREDAY

„ F. N. SALMON

„ Mrs. H. M. GARDENER

„ F. W. SAVILL

„ A. L. GARRETT

„ C. H. STAFFORD-
NORTHCOTE

„ D. MACHIN

„ J. G. STUBBS

„ P. E. McELLIN

„ R. MILO-TURNER

„ G. McEVOY

„ R. B. WILLIAMS

„ Mrs. D. M. W. WYNNE

(One vacancy)

HEALTH DEPARTMENT STAFF

(A) MEDICAL

County Medical Officer of Health

G. RAMAGE, M.A. (Admin.), M.D., CH.B., B.SC., M.R.C.S., L.R.C.P., D.P.H.
Health Department, County Buildings, Stafford. Tel. No. Stafford 3121

Deputy County Medical Officer of Health

A. WITHNELL, B.SC., M.D., CH.B., D.P.H.

Principal Medical Officer for Maternity and Child Welfare

MAIRIDH A. M. N. GILLATT, M.B., CH.B., D.P.H., D.R.C.O.G.

Principal Medical Officer for Mental Health

W. JOHNSON, M.R.C.S., L.R.C.P.

Medical Officers to Area Health Committees

SHEILA M. DURKIN, M.B., CH.B., D.P.H.

C. E. JAMISON, M.B., B.CH., B.A.O., D.P.H.

W. D. H. McFARLAND, M.B., B.CH., B.A.O., D.P.H.

J. TOLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

E. H. TOMLIN, M.D., CH.B., D.P.H.

R. WEBSTER, M.B., CH.B., D.T.M. & H., D.P.H.

(B) OTHER MEDICAL

A. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Senior Medical Officer for Schools

H. E. WILSON, M.B., CH.B., D.O., D.P.H.

Senior Medical Officer

(C) OTHER PROFESSIONAL

County Dental Officer

J. C. TIMMIS, L.D.S., R.C.S.

County Analyst

A. HOULBROOKE, M.SC., F.R.I.C.

County Health Inspector

H. PREST, M.I., SAN.E.

(D) SENIOR ADMINISTRATIVE STAFF

Chief Administrative Assistant

E. E. EVANS

Chief Clerk

N. G. GREENWOOD

(E) OTHER STAFF

County Ambulance Officer

R. G. YATES, F.I.A.O., F.I.C.A.P.

Health Education Officer

R. W. ROSSINGTON, DIP.H.E.D., M.R.I.P.H.H.

SECTION II

STATISTICAL AND GENERAL INFORMATION

**STATISTICS RELATING TO ADMINISTRATIVE
COUNTY**

EXTRACT FROM VITAL STATISTICS FOR 1966

AREA AND POPULATION

STATISTICS RELATING TO:—

CANCER

TUBERCULOSIS

CHIEF CAUSES OF DEATH

BIRTHS

DEATHS

GENERAL TABLES

STATISTICS

Area of Administrative County	...	...	...(acres)	657,200
Estimated Home Population of Area 1966 (Primarily for Calculation of Birth and Death-rates or incidence of Notifiable Diseases)	...	...	...	781,480
Rateable Value at 1st April, 1966 (General County Purposes)	...	...	...	£22,060,614
Estimated net product of a penny rate, 1966-67 (General County Purposes)	...	...	...	£92,479

EXTRACT FROM VITAL STATISTICS FOR 1966

Live Births:				
Number	...	...	...	15,776
Rate per 1,000 population	...	...	...	20.2
Illegitimate Live Births (per cent of total live births)	...	...	...	3.9
Stillbirths:				
Number	...	...	...	288
Rate per 1,000 total live and still births	...	...	...	17.9
Total Live and Still Births	...	...	...	16,064
Infant Deaths (deaths under one year)	...	...	...	305
Infant Mortality Rates:				
Total infant deaths per 1,000 total live births	...	...	...	19
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	19
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	22
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	...	...	...	12
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	...	...	...	11
Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	...	...	...	28
Maternal Mortality (including abortion)				
Number of deaths	...	...	...	5
Rate per 1,000 total live and still births	...	...	...	0.31

OTHER EXTRACTS FROM VITAL STATISTICS OF THE YEAR

Deaths from all causes	...	...	...	8,012
Death Rate	...	...	...	10.2
Deaths from Cancer (all ages)	...	...	...	1,353
Deaths from Gastritis, Enteritis and Diarrhoea (under one year of age)	...	...	...	9

The above statistics include events that occurred in Areas which were transferred to other Authorities on the 1.4.66.

AREA AND POPULATION

On the 1st April, 1966, major boundary changes took place as a result of the West Midlands Order 1965. In summary this Order had the following effect on the Administrative County:—

- (a) It extended the areas of the County Boroughs of Dudley, Walsall, West Bromwich and Wolverhampton, the Borough of Stourbridge and the Urban District of Cannock.
- (b) It constituted a new County Borough of Warley and Urban District of Aldridge-Brownhills.
- (c) It altered the boundaries of the Rural Districts of Cannock, Lichfield and Seisdon, and certain parishes.
- (d) It abolished the County Borough of Smethwick, the Boroughs of Bilston, Oldbury, Rowley Regis, Tipton and Wednesbury and the Urban Districts of Aldridge, Amblecote, Brierley Hill, Brownhills, Coseley, Darlaston, Sedgley, Tettenhall, Wednesfield and Willenhall.

The estimated population for mid 1966, as supplied by the Registrar General (678,320) shows a total loss of 394,100 population when compared with the mid 1965 figure.

The loss in acreage amounted to 87,058 acres and the loss in rateable value amounted to £16,224,509.

The population figures as supplied by the Registrar General are primarily given for the calculation of death rates and the incidence of notifiable diseases. The figures are home populations (i.e. including members of the armed forces stationed in the area). Where a boundary change affected an Authority during 1966 the Registrar General has provided a special weighted average population figure for a more accurate calculation of birth and death rates.

Until 1940 Area Comparability Factors supplied by the Registrar General enabled the local death rates to be adjusted for comparison with the crude death-rate of the country as a whole or with the similarly adjusted rate of any other local area. From that year, however, and until 1948, the variety and magnitude of local population movements, and during the war years the uneven incidence of civilian war deaths, together combined to frustrate the attempt to secure such comparability. The factors to adjust local death rates were, however, reintroduced in the 1949 Report, and are again included to adjust both birth and death rates.

In the following table the final census population of the Administrative County for 1966 and the estimated home population for mid-1966 are set out.

	<i>Census 1966</i>	<i>Estimated Population Mid-1966</i>
Urban	407,740	410,270
Rural	261,920	268,050
Totals	669,660	678,320

CANCER

In the following table the deaths from Cancer during 1966, in age and sex groups, in the Urban and Rural Districts of the County are shown. The table includes deaths assigned to County Districts for the first three months of the year, which were later transferred to other Authorities.

Age Groups	URBAN DISTRICTS			RURAL DISTRICTS			Grand Total
	Male	Female	Total	Male	Female	Total	
0—	1	—	1	—	1	1	2
1—	—	3	3	2	—	2	5
5—	5	1	6	1	1	2	8
15—	1	4	5	—	1	1	6
25—	1	6	7	2	3	5	12
35—	16	30	46	5	11	16	62
45—	61	57	118	30	39	69	187
55—	131	105	236	77	47	124	360
65—	146	98	244	88	59	147	391
75—	106	92	198	59	63	122	320
TOTALS	468	396	864	264	225	489	1,353

As can be seen from the table the total number of deaths from all forms of cancer during 1966 was 1,353.

Year by year the total number of deaths from all forms of this disease increases. Owing to the extensive boundary changes during 1966 it is not possible to state definitely that the total number of deaths during the year (1,353) shows an increase on previous years, because comparisons are misleading having regard to loss of population and so forth. However, one can be fairly certain that the figure does represent an increase.

During 1966 this group of deaths accounted for 16.9% of the total civilian deaths in the County.

In considering the mortality from Cancer, one must bear in mind that the general mortality from all causes under the age of 45 has, over a long period, become steadily less. This means, therefore, that in every population there exists an increasing number of persons, of an age more susceptible to cancer than are younger persons, the statement being supported by the fact that whilst in 1920 48.6 per cent of the deaths from all causes were of persons under 45, the figure has gradually decreased in the subsequent years to 10.6 per cent in 1966.

The increasing number of deaths from cancer are an unwelcome reminder that all the known methods of reducing its onset must be rigorously pursued. The most important weapon is health education. As stated in the Health Education report the deaths from lung cancer in England and Wales continue to increase and only a change in the populations smoking habit will show any real improvement in this disturbing trend. The number of lung cancer deaths in the County during 1966 was 312, or 23% of the total number of deaths from all forms of the disease.

TUBERCULOSIS

The following table shows new cases of tuberculosis notified within the County Districts and excluding areas transferred under the boundary changes, and deaths from the disease, classified according to age and sex:—

1966 AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	1	—	—	—	—	—	—	—
1—	—	1	—	—	—	—	—	—
2—	2	2	—	—	—	—	—	—
5—	3	6	—	—	—	—	—	—
10—	3	2	—	—	—	—	—	—
15—	3	1	—	1	—	—	—	—
20—	5	7	—	2	—	—	—	—
25—	9	7	—	2	—	1	—	—
35—	13	9	2	2	2	1	1	—
45—	9	2	2	1	1	2	—	—
55—	15	4	1	1	4	1	—	—
65—	7	—	1	—	9	—	—	—
75 and upwards	3	2	—	—	5	1	—	—
Age unknown	1	—	—	1	—	—	—	—
Totals	74	43	6	10	21	6	1	—

During 1966, 27 deaths occurred from pulmonary tuberculosis and one from other forms of this disease, the death-rates being 0.04 and 0.00 respectively.

REGISTERS OF DISTRICT MEDICAL OFFICERS OF HEALTH

At the end of the year the following cases were included in the registers of the Medical Officers for the reduced County:—

TOTAL CASES	PULMONARY			NON-PULMONARY		
	M.	F.	Total	M.	F.	Total
3,868	1,749	1,392	3,141	355	372	727

The figures given above indicate that in 1966 there was one case of tuberculosis in every 175 persons, or 5.7 per 1,000 of the population.

The following table gives particulars of primary notifications of tuberculosis notified in the Administrative County each year since 1918, together with the case-rates per 1,000 of the estimated population. Only from 1946 is it possible to divide these figures to show numbers of respiratory and non-respiratory notifications, and the appropriate case rates are given:—

Year	PRIMARY NOTIFICATIONS			CASE RATE PER 1,000 OF THE POPULATION		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)
1918			856			1.37
1919			699			1.04
1920			642			0.92
1921			929			1.29
1922			971			1.37
1923			1,029			1.45
1924			974			1.36
1925			1,232			1.71
1926			1,400			1.93
1927			1,106			1.55
1928			1,194			1.68
1929			1,017			1.43
1930			1,021			1.44
1931			1,129			1.59
1932			1,074			1.50
1933			1,011			1.41
1934			929			1.29
1935			825			1.14
1936			831			1.14
1937			858			1.16
1938			789			1.05
1939			726			0.95
1940			669			0.88
1941			788			1.01
1942			830			1.07
1943			841			1.09
1944			798			1.03
1945			769			1.00
1946	636	139	775	0.80	0.17	0.97
1947	681	132	813	0.84	0.16	1.00
1948	728	124	852	0.88	0.15	1.03
1949	713	124	837	0.85	0.15	1.00
1950	706	101	807	0.83	0.12	0.95
1951	778	123	901	0.91	0.14	1.05
1952	712	93	805	0.83	0.11	0.94
1953	864	94	958	1.00	0.11	1.10
1954	709	99	808	0.81	0.11	0.92
1955	620	76	696	0.70	0.09	0.78
1956	568	55	623	0.63	0.06	0.69
1957	527	53	580	0.57	0.06	0.63
1958	469	54	533	0.56	0.06	0.62
1959	417	38	455	0.44	0.04	0.48
1960	378	37	415	0.39	0.04	0.43
1961	341	42	383	0.34	0.04	0.39
1962	283	59	342	0.28	0.06	0.34
1963	276	45	321	0.27	0.04	0.31
1964	263	48	311	0.25	0.05	0.30
1965	230	43	273	0.21	0.04	0.25
*1966	117	16	133	0.17	0.02	0.20

* reduced county

The table below shows the death-rates from tuberculosis in the Urban and Rural Districts of the County from 1940:—

YEAR	DEATH RATE PER 1,000 OF THE POPULATION			
	Pulmonary Tuberculosis		Other forms of Tuberculosis	
	Urban	Rural	Urban	Rural
1940	0.51	0.29	0.11	0.06
1941	0.57	0.33	0.16	0.14
1942	0.52	0.34	0.13	0.10
1943	0.55	0.29	0.11	0.07
1944	0.52	0.25	0.10	0.07
1945	0.56	0.22	0.11	0.09
1946	0.49	0.28	0.08	0.06
1947	0.47	0.28	0.09	0.07
1948	0.51	0.33	0.07	0.05
1949	0.45	0.22	0.06	0.03
1950	0.39	0.20	0.06	0.06
1951	0.37	0.12	0.05	0.04
1952	0.27	0.07	0.04	0.04
1953	0.19	0.10	0.04	0.00
1954	0.18	0.13	0.04	0.03
1955	0.10	0.04	0.01	0.01
1956	0.13	0.07	0.01	0.00
1957	0.10	0.01	0.01	0.01
1958	0.09	0.05	0.01	0.01
1959	0.09	0.06	0.01	0.01
1960	0.07	0.04	0.01	0.01
1961	0.05	0.05	0.01	0.00
1962	0.06	0.03	0.00	0.01
1963	0.05	0.04	0.01	0.01
1964	0.03	0.01	0.00	0.01
1965	0.03	0.03	0.00	0.00
*1966	0.05	0.02	0.00	0.00

* reduced county

TABLE SHOWING CHIEF CAUSES OF DEATH

Heart Disease	...	...	...	...	2,527
Cancer	...	...	...	...	1,353
Vascular lesions of nervous system	...	...	...	...	1,146
Bronchitis	...	...	...	...	597
Pneumonia	...	...	...	...	524
Other Circulatory Disease	...	...	...	...	327
Accidents (General)	...	...	...	...	146
Motor Vehicle Accidents	...	...	...	...	137
Influenza	...	...	...	...	113
Congenital Malformations	...	...	...	...	88
Other diseases of Respiratory System	...	...	...	...	87
Diabetes	...	...	...	...	81
Ulcer of Stomach and Duodenum	...	...	...	...	53

The numbers given represent 89.6 per cent of the total deaths.

BIRTHS

The number of births in the Administrative County, including those for the three months 1.1.66 to 31.3.66 for Authorities transferred, amounted to 15,776, the number in the Urban Districts being 10,190 and in the Rural Districts 5,586.

DISTRICTS	LIVE BIRTH-RATE PER 1,000 OF POPULATION										
	5 yrs. 1914- 1918	5 yrs. 1919- 1923	5 yrs. 1924- 1928	5 yrs. 1929- 1933	5 yrs. 1934- 1938	5 yrs. 1939- 1943	5 yrs. 1944- 1948	5 yrs. 1949- 1953	5 yrs. 1954- 1958	5 yrs. 1959- 1963	
Staffordshire { Combined Urban and Rural .. Urban .. Rural ..	24.0	24.1	20.2	17.6	17.1	18.3	19.9	16.2	16.2	18.2	19.3
	25.0	25.0	20.7	18.1	17.5	18.9	20.4	16.4	16.3	18.2	19.4
	21.6	22.0	19.0	16.6	15.7	16.7	18.5	15.6	15.9	17.9	18.8
England and Wales ..	20.4	21.3	17.8	15.6	14.9	15.2	18.2	15.8	15.7	17.4	17.2
											17.7

DEATHS

The number of deaths in the Administrative County, including those for the three months 1.1.67 to 31.3.67 for Authorities transferred, amounted to 8,012, the number in the Urban Districts being 5,355 and in the Rural Districts 2,657.

DISTRICTS	DEATH-RATE PER 1,000 OF POPULATION										
	5 yrs. 1914- 1918	5 yrs. 1919- 1923	5 yrs. 1924- 1928	5 yrs. 1929- 1933	5 yrs. 1934- 1938	5 yrs. 1939- 1943	5 yrs. 1944- 1948	5 yrs. 1949- 1953	5 yrs. 1954- 1958	5 yrs. 1959- 1963	
Staffordshire { Combined Urban and Rural .. Urban .. Rural ..	15.0	12.3	11.4	11.6	11.3	11.2	10.4	10.5	10.5	10.0	9.6
	15.5	12.6	11.5	11.8	11.3	11.2	10.4	10.7	10.5	10.0	9.6
	13.8	11.6	11.2	11.2	11.2	11.0	10.4	10.0	10.3	9.9	9.4
England and Wales ..	15.2	12.5	12.0	12.3	11.9	12.6	11.5	11.7	11.6	11.8	11.3
											11.7

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE
ADMINISTRATIVE COUNTY OF STAFFORDSHIRE

(including deaths assigned to areas transferred on 1st April, 1966)

Aggregate of Urban Districts.

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
Tuberculosis, Respiratory ..	M	17	—	—	—	—	—	—	2	1	4	7	3
	F	6	—	—	—	—	—	1	1	2	1	—	1
Tuberculosis, other	M	1	—	—	—	—	—	—	1	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic Disease	M	3	—	—	—	—	—	—	1	—	—	2	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Meningococcal Infections ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	2	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	M	5	—	—	1	—	—	—	1	3	—	—	—
	F	5	1	1	2	—	—	—	—	—	—	—	1
Malignant Neoplasm, Stomach	M	79	—	—	—	—	—	—	3	7	26	24	19
	F	49	—	—	—	—	1	—	1	2	12	15	18
Malignant Neoplasm, Lung, Bronchus	M	167	—	—	—	—	—	—	4	37	54	51	21
	F	29	—	—	—	—	—	—	3	5	8	9	4
Malignant Neoplasm, Breast	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	86	—	—	—	—	—	2	9	23	22	15	15
Malignant Neoplasm, Uterus	F	48	—	—	—	—	—	—	8	11	14	7	8
Other Malignant and Lym- phatic Neoplasms	M	221	—	1	—	5	1	1	9	17	50	71	66
	F	184	—	—	3	1	3	4	9	16	49	52	47
Leukaemia, Aleukaemia ..	M	10	—	—	1	—	1	1	1	2	2	1	1
	F	11	—	2	—	1	—	1	2	—	2	2	1
Diabetes	M	18	—	—	—	—	—	1	1	3	2	5	6
	F	32	—	—	—	—	—	1	3	2	2	11	13
Vascular Lesions of Nervous System	M	336	—	—	—	—	1	2	7	14	50	104	158
	F	424	—	—	—	—	—	3	3	11	42	113	252
Coronary Disease, Angina ..	M	621	—	—	—	—	—	3	26	82	182	180	148
	F	391	—	—	—	—	—	1	1	9	47	122	211
Hypertension with Heart Disease	M	38	—	—	—	—	—	—	—	1	12	17	8
	F	56	—	—	—	—	—	—	1	1	4	15	35
Other Heart Disease ..	M	234	—	1	—	—	2	1	6	13	20	52	139
	F	359	—	—	—	—	—	1	11	12	28	60	247
Other Circulatory Disease ..	M	98	—	1	1	—	2	—	1	9	12	22	50
	F	127	—	—	—	—	—	—	1	2	7	24	93
Influenza	M	40	—	1	—	—	—	1	1	2	9	8	18
	F	47	1	1	—	—	1	—	3	2	5	7	27
Pneumonia	M	161	7	10	4	—	1	2	2	9	17	36	73
	F	156	5	15	5	1	—	1	—	8	8	22	91
Bronchitis	M	346	—	2	1	—	1	—	—	26	104	101	111
	F	116	—	1	2	—	1	—	—	4	13	40	55
Other Diseases of Respira- tory System	M	42	—	3	—	1	—	1	1	3	6	12	15
	F	20	—	1	—	—	—	1	—	1	2	5	10
Ulcer of Stomach and Duodenum	M	25	—	—	—	—	—	—	2	—	4	9	10
	F	10	—	—	—	1	—	—	—	1	—	4	4
Gastritis, Enteritis and Diarrhoea	M	16	—	6	—	—	—	—	—	2	2	4	2
	F	13	1	1	—	—	—	—	1	1	3	2	4
Nephritis and Nephrosis ..	M	12	—	—	—	—	—	3	1	2	3	2	1
	F	14	—	—	—	—	1	—	—	1	3	5	4
Hyperplasia of Prostate ..	M	21	—	—	—	—	—	—	—	—	—	4	17
Pregnancy, Childbirth, Abortion	F	4	—	—	—	—	1	2	1	—	—	—	—
Congenital Malformations ..	M	33	18	7	2	4	—	—	1	1	—	—	—
	F	20	7	7	—	3	—	1	—	—	1	—	1
Other Defined and Ill-defined Diseases	M	161	48	9	7	2	4	3	5	4	22	28	29
	F	213	43	4	—	1	5	3	4	14	21	43	75
Motor Vehicle Accidents ..	M	67	—	—	6	9	17	9	2	6	7	3	8
	F	22	—	—	1	1	2	1	4	2	2	3	6
All Other Accidents ..	M	57	1	2	2	3	2	7	6	6	7	7	14
	F	43	2	3	1	1	1	—	—	1	4	11	19
Suicide	M	22	—	—	—	—	2	3	4	1	5	6	1
	F	15	—	—	—	—	1	—	3	2	5	3	1
TOTAL ALL CAUSES	M	2852	74	43	25	24	34	38	88	251	601	756	918
	F	2503	60	36	16	10	17	23	69	133	305	590	1244

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE ADMINISTRATIVE COUNTY OF STAFFORDSHIRE

(including deaths assigned to areas transferred on 1st April, 1966)

Aggregate of Rural Districts

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over
Tuberculosis, Respiratory ..	M	4	—	—	—	—	—	—	—	—	—	2	2
	F	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic Disease	M	2	—	—	—	—	—	—	—	—	—	2	—
	F	2	—	—	—	—	—	—	1	—	—	—	1
Other Infective and Parasitic Diseases	M	4	—	—	—	—	1	—	—	1	1	—	1
	F	4	—	1	1	—	—	—	—	1	—	1	—
Malignant Neoplasm, Stomach	M	42	—	—	—	—	—	1	1	3	10	21	6
	F	21	—	—	—	—	—	—	—	2	3	6	10
Malignant Neoplasm, Lung, Bronchus	M	103	—	—	—	—	—	—	2	14	43	31	13
	F	13	—	—	—	—	—	1	1	1	2	2	6
Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	62	—	—	—	—	—	1	2	15	15	18	11
Malignant Neoplasm, Uterus	F	18	—	—	—	—	—	—	3	2	2	9	2
Other Malignant and Lym- phatic Neoplasms ..	M	119	—	—	2	1	—	1	2	13	24	36	40
	F	111	—	1	—	1	1	1	5	19	25	24	34
Leukaemia, Aleukaemia ..	M	10	—	—	1	—	1	—	—	2	3	2	1
	F	7	—	—	—	—	—	—	2	—	1	2	2
Diabetes	M	10	—	—	—	—	—	—	—	2	2	4	2
	F	21	—	—	—	—	—	—	1	—	1	6	13
Vascular Lesions of Nervous System	M	177	—	—	—	—	—	1	2	14	22	72	66
	F	209	—	—	—	—	2	—	1	7	18	58	123
Coronary Disease, Angina ..	M	288	—	—	—	—	—	3	9	34	68	102	72
	F	200	—	—	—	—	—	1	3	3	23	64	106
Hypertension with Heart Disease	M	15	—	—	—	—	—	—	1	1	2	6	5
	F	21	—	—	—	—	—	—	1	1	3	6	10
Other Heart Disease	M	121	—	—	1	—	—	—	2	6	14	27	71
	F	183	—	—	—	—	—	1	3	3	10	37	129
Other Circulatory Disease ..	M	51	—	—	—	—	—	1	3	3	7	12	25
	F	51	—	—	—	—	—	—	1	4	2	11	33
Influenza	M	16	—	—	—	—	—	—	—	—	3	6	7
	F	10	—	—	—	—	—	—	—	—	1	4	5
Pneumonia	M	97	3	4	—	—	1	1	—	6	11	18	53
	F	110	3	2	1	—	1	1	—	—	3	18	81
Bronchitis	M	99	—	—	—	—	—	1	—	4	28	35	31
	F	36	—	2	—	1	—	—	3	—	5	8	17
Other Diseases of Respira- tory System	M	18	—	—	—	—	—	—	—	1	4	6	7
	F	7	—	1	—	—	—	—	—	1	1	2	2
Ulcer of Stomach and Duodenum	M	16	—	—	—	—	—	—	—	1	4	7	4
	F	2	—	—	—	—	—	—	—	—	—	2	—
Gastritis, Enteritis and Diarrhoea	M	3	—	1	—	—	—	—	—	—	—	1	1
	F	5	—	—	—	1	—	—	1	—	—	1	2
Nephritis and Nephrosis ..	M	9	—	—	—	—	—	—	—	2	4	1	2
	F	3	—	—	—	—	—	1	—	1	—	—	1
Hyperplasia of Prostate	M	9	—	—	—	—	—	—	—	1	2	—	6
Pregnancy, Childbirth, Abortion	F	1	—	—	—	—	1	—	—	—	—	—	—
Congenital Malformations ..	M	19	11	2	1	1	—	1	1	1	1	1	—
	F	16	9	4	1	—	—	1	—	—	—	—	—
Other Defined and Ill-defined Diseases	M	97	23	—	2	2	4	1	1	4	12	19	29
	F	97	19	2	1	3	1	2	1	5	13	15	35
Motor Vehicle Accidents ..	M	35	—	—	1	3	11	6	3	4	4	—	3
	F	13	—	—	1	—	5	1	—	1	1	3	1
All other Accidents	M	28	—	2	1	1	2	4	4	—	4	3	7
	F	18	—	1	1	—	—	—	—	1	1	2	12
Suicide	M	11	—	—	—	—	2	—	2	1	2	2	2
	F	10	—	—	—	—	—	—	1	4	3	2	—
Homicide and Operations of War	M	3	1	—	—	—	—	1	—	1	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES	M	1406	38	9	9	8	22	22	33	119	275	415	456
	F	1251	31	14	6	6	11	11	30	71	133	302	636

Table showing Population, Number of Persons per acre, Birth and Death-rates as well as the Death-rates at all ages and among Children under 1 year, and the Death rates from Tuberculosis, Diseases of the Respiratory Organs, &c.

URBAN

DISTRICT	Population at all ages		Number of persons per acre	Live Birth-rate per 1,000 of Population	Adjusted Live Birth-rate by comparability factor	Still-births, Rate per 1,000 of Population	Crude death-rate per 1,000 of Population	Adjusted death-rate by comparability factor	Neo-natal Mortality rate per 1,000 registered live births (Infants under 4 weeks of age)	Mortality in children under one year per 1,000 registered live births	Tuberculosis, Respiratory	Tuberculosis, other	Malignant Neoplasm	Bronchitis	Pneumonia	Other Diseases of Respiratory System	Nephritis and Nephrosis	Congenital Malformations
	Census 1966	Estimated 1966																
Aldridge/Brownhills	82,780	83,300	6.3	22.7	17.0	0.5	9.1	15.7	16.1	23.8	—	—	1.2	.46	.4	.11	.05	.18
Biddulph	16,100	16,000	2.4	18.7	17.2	0.4	9.3	12.5	20.0	30.1	.06	—	1.6	.12	.49	.06	.06	.06
Cannock	51,980	51,200	4.6	18.7	18.1	0.3	11.0	12.1	11.7	20.3	.12	—	1.7	.98	.36	.04	.06	.06
Kidsgrove	21,440	21,700	5.2	19.7	17.7	0.6	8.8	13.3	16.4	23.4	—	—	1.7	2.5	2.5	.23	—	—
Leek	19,230	19,140	4.4	13.8	15.2	0.3	14.6	11.5	26.5	30.3	.05	—	2.2	.86	1.1	.47	—	.10
Lichfield	19,690	21,130	5.9	24.6	22.1	0.6	10.1	9.3	9.6	21.2	.10	—	2.0	.46	.46	.05	.10	.15
Newcastle	75,790	78,200	8.8	16.6	15.8	0.3	10.5	13.1	8.5	17.0	.08	—	2.2	.59	.81	.14	.01	.14
Rugeley	17,240	16,500	5.7	27.5	24.8	0.4	7.8	11.8	11.0	28.6	.06	—	1.3	.58	.29	—	.06	.23
Stafford	51,480	51,460	10.1	18.2	17.8	0.3	12.0	10.7	18.1	22.4	.02	—	1.9	.83	.46	.10	.06	.13
Stone	10,210	10,070	5.1	18.2	18.6	0.3	12.7	8.6	5.5	10.9	—	—	1.8	.79	.19	.10	—	—
Tamworth	32,910	33,200	4.3	24.2	22.3	0.5	10.5	11.4	15.0	19.9	—	—	1.7	.70	.72	.06	—	.09
Uttoxeter	8,890	8,370	2.4	18.5	18.5	0.2	9.6	10.4	19.4	45.2	—	—	.14	—	.06	—	—	.02
Totals and Averages	407,740	410,270	5.4	19.9	18.1	0.3	10.5	12.2	18.1	24.4	.04	—	1.62	.74	.65	.11	.03	.09

RURAL

DISTRICT	Population at all ages		Mean area per person in acres	Live Birth-rate per 1,000 of Population	Adjusted Live Birth-rate by comparability factor	Still-births, Rate per 1,000 of Population	Crude death-rate per 1,000 of Population	Adjusted death-rate by comparability factor	Neo-natal Mortality rate per 1,000 registered live births (Infants under 4 weeks of age)	Mortality in children under one year per 1,000 registered live births	Tuberculosis, Respiratory	Tuberculosis, other	Malignant Neoplasm	Bronchitis	Pneumonia	Other Diseases of Respiratory System	Nephritis and Nephrosis	Congenital Malformations
	Census 1966	Estimated 1966																
Cannock	36,900	39,790	1.4	28.3	23.8	0.5	7.2	10.4	8.0	13.3	.03	—	1.3	.33	.33	—	—	.15
Cheadle	34,670	37,200	1.6	17.0	17.3	0.5	13.5	11.6	15.8	20.5	.05	—	2.6	.05	1.2	.08	.16	.13
Leek	13,160	13,500	5.3	17.1	17.4	0.2	10.1	12.0	13.0	26.0	—	—	1.3	.59	.22	.07	—	.15
Lichfield	49,900	46,520	1.8	25.5	25.0	0.3	12.0	10.7	11.7	13.4	.02	—	1.9	1.3	1.7	.21	.07	.11
Newcastle	18,260	19,410	2.0	14.1	13.5	0.1	10.1	11.3	10.9	14.6	—	—	2.00	.93	.62	.20	.05	.05
Seisdon	36,540	37,280	1.2	18.4	15.3	0.2	7.5	10.4	15.5	21.2	—	—	1.6	.50	.53	.08	.05	.13
Stafford	19,290	20,700	3.9	18.4	18.0	0.4	9.0	11.4	13.2	15.8	—	—	1.9	.43	.34	.05	—	.05
Stone	20,630	20,000	3.0	17.7	16.8	0.5	9.5	11.3	5.7	8.5	—	—	1.1	.55	.35	.2	—	.2
Tutbury	21,550	21,460	1.5	22.6	22.1	0.4	8.9	11.2	14.4	14.4	—	—	1.4	.28	.42	—	—	.14
Uttoxeter	11,020	12,190	4.7	16.2	19.6	0.4	9.5	12.5	25.3	35.4	—	—	2.4	.25	.49	—	—	.33
Totals and Averages	261,920	268,050	2.6	20.7	19.7	0.4	9.8	11.1	13.3	18.3	.01	—	1.75	.52	.62	.09	.03	.15

Deaths occurring during the year 1966 classified according to Diseases and Localities,
together with Births occurring during the year.

URBAN

DISTRICT	Live Births	Still Births	Deaths from all causes	Deaths under 1 year	Deaths under 4 weeks	Tuberculosis, Respiratory	Tuberculosis, other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm					Leukaemia, Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with Heart Disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War
															Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms																						
Aldridge/ Brownhills ..	1961	32	574	34	23	—	—	—	—	—	2	—	—	5	11	28	9	6	43	1	3	60	111	20	58	27	3	33	38	9	5	4	4	1	—	15	48	18	4	8	—
Biddulph ..	299	7	149	9	6	1	—	—	—	—	—	—	—	—	3	4	—	—	18	—	2	24	39	1	13	4	—	8	2	1	—	2	1	1	—	1	12	2	8	2	—
Cannock ..	937	15	552	19	11	6	—	—	—	—	—	—	—	—	17	12	7	5	48	2	5	88	83	7	98	18	6	19	51	2	6	4	3	1	1	3	39	11	8	2	—
Kidsgrove ..	428	14	192	10	7	—	—	—	—	—	—	—	—	—	6	11	—	2	17	4	2	22	42	3	12	11	2	11	11	5	1	1	—	—	—	14	5	5	—	—	
Leek ..	264	5	280	8	7	1	—	1	—	—	—	—	—	—	9	11	6	—	17	—	2	50	47	3	34	11	7	21	17	9	1	—	—	2	—	2	21	1	5	2	—
Lichfield ..	520	12	213	11	5	2	—	—	—	—	—	—	—	1	3	8	7	—	20	—	4	27	40	3	18	21	4	9	9	1	1	—	2	—	3	22	3	4	1	—	
Newcastle ..	1297	27	823	22	11	6	—	1	—	—	—	—	—	—	24	50	21	12	66	2	7	116	176	13	70	33	7	64	46	11	4	6	7	2	1	4	41	6	20	7	—
Rugeley ..	454	6	128	13	5	1	—	—	—	—	—	—	—	—	3	3	3	1	12	—	3	24	23	1	9	6	1	5	10	—	—	2	1	—	4	9	3	3	—	—	
Stafford ..	939	15	619	21	17	—	—	1	—	—	—	—	—	1	8	19	11	7	52	4	7	78	137	8	102	16	12	24	43	5	8	1	3	2	1	7	43	9	7	3	—
Stone ..	183	3	128	2	1	1	—	—	—	—	—	—	—	—	3	4	3	—	8	—	3	24	20	2	27	4	4	2	8	1	—	1	—	—	10	—	2	—	—	—	
Tamworth ..	802	17	350	16	12	—	—	—	—	—	—	—	—	1	10	9	7	5	26	3	3	42	65	7	34	39	1	24	23	2	4	1	—	4	1	3	19	12	4	1	—
Uttoxeter ..	155	2	80	7	3	—	—	—	—	—	—	—	—	—	6	2	—	—	4	—	—	16	17	3	9	2	2	5	—	—	—	—	—	2	8	1	3	—	—	—	
	8239	155	4088	172	108	18	—	3	—	—	2	—	—	8	103	161	74	38	331	1641	571	800	71	484	192	49	22	5	258	46	30	22	21	15	4	44	286	71	73	31	—

RURAL

DISTRICT	Live Births	Still Births	Deaths from all causes	Deaths under 1 year	Deaths under 4 weeks	Tuberculosis, Respiratory	Tuberculosis, other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm					Leukaemia, Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with Heart Disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of War	
															Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms																							
Cannock ..	1129	19	287	15	9	1	—	—	—	—	—	—	—	3	8	18	11	2	19	—	6	39	47	4	36	16	—	21	13	—	1	2	—	—	—	6	20	6	5	3	—	
Cheadle ..	633	19	502	13	13	2	—	2	—	—	—	—	—	1	9	22	12	4	48	4	4	72	68	4	89	12	6	6	43	24	3	1	2	6	—	5	29	8	11	6	1	
Leek ..	231	2	137	6	3	—	—	—	—	—	—	—	—	—	3	4	3	—	8	1	1	30	30	1	17	11	2	3	8	1	—	—	—	1	2	6	—	2	6	1	2	—
Lichfield ..	1195	15	564	16	14	1	—	1	—	—	—	—	—	1	13	15	13	3	45	5	7	70	95	14	48	23	6	79	24	10	4	1	3	1	—	5	51	13	11	1	1	
Newcastle ..	274	1	197	4	4	—	—	1	—	—	—	—	—	—	5	5	7	2	9	5	5	30	46	3	14	6	1	12	18	4	1	—	1	—	1	9	—	7	3	1		
Seisdon ..	708	9	288	15	15	—	—	—	—	—	—	—	—	2	9	15	7	3	26	1	3	45	58	1	21	6	3	20	19	3	3	—	2	—	—	5	24	7	4	1	—	
Stafford ..	380	9	186	6	6	—	—	—	—	—	—	—	—	—	2	9	1	1	26	—	2	25	43	1	28	6	2	7	9	1	2	1	—	—	—	1	13	3	3	—	—	
Stone ..	353	9	190	3	3	—	—	—	—	—	—	—	—	1	4	13	3	1	22	1	1	29	34	2	17	7	3	7	11	3	6	1	—	2	—	3	10	5	2	2	—	
Tutbury ..	485	9	190	7	7	—	—	—	—	—	—	—	—	—	5	6	1	1	17	—	1	30	44	5	23	9	2	9	6	—	—	—	1	—	3	19	5	—	3	—		
Uttoxeter ..	198	5	116	7	7	—	—	—	—	—	—	—	—	—	5	9	4	1	10	—	1	16	23	1	11	6	1	6	3	—	1	—	—	—	4	13	—	1	—	—		
Totals ..	5586	97	2657	92	81	4	—	4	—	—	—	—	—	8	63	116	62	18	230	17	31	386	488	36	304	102	26	207	135	25	8	18	12	9	1	35	194	48	46	21	3	

Table showing the number of cases of certain Infectious Diseases notified in each sanitary area during the year ended 31st December, 1966, and the Attack-Rates per 1,000 of the population.

URBAN

DISTRICT	Estimated Population 1966 for calculating rates	Smallpox		Typhoid		Para- Typhoid		Scarlet Fever		Whooping Cough		Diphtheria		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		Polio- myelitis Cases
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	
Aldridge/ Brownhills	83,300	-	-	-	-	-	-	97	1.2	90	1.08	-	-	6	.07	1,496	18.0	4	.04	-	-	-
Biddulph	16,000	-	-	-	-	-	-	3	.19	-	-	-	-	1	.06	83	5.2	4	.25	-	-	-
Cannock	51,200	-	-	-	-	-	-	23	.45	15	.29	-	-	-	-	588	11.5	4	.08	1	.02	-
Kidsgrove	21,700	-	-	-	-	-	-	5	.23	-	-	-	-	-	-	95	4.4	-	-	-	-	-
Leek ..	19,140	-	-	-	-	-	-	15	.78	6	.31	-	-	-	-	39	2.0	28	1.5	-	-	-
Lichfield	21,130	-	-	-	-	-	-	7	.33	3	.14	-	-	-	-	137	6.5	-	-	6	.28	-
Newcastle	78,200	-	-	-	-	-	-	28	.36	8	.10	-	-	-	-	172	2.2	28	.36	1	.01	-
Rugeley	16,500	-	-	-	-	-	-	1	.06	8	.48	-	-	-	-	142	8.6	-	-	-	-	-
Stafford	51,460	-	-	-	-	-	-	33	.64	9	.18	-	-	-	-	242	4.7	-	-	-	-	-
Stone ..	10,070	-	-	-	-	-	-	-	-	-	-	-	-	-	-	70	7.00	-	-	-	-	-
Tamworth	33,200	-	-	-	-	-	-	18	.54	5	.15	-	-	-	-	15	.45	-	-	-	-	-
Uttoxeter	8,370	-	-	-	-	-	-	4	.48	-	-	-	-	-	-	98	11.6	-	-	-	-	-

RURAL

DISTRICT	Estimated Population 1966 for calculating rates	Smallpox		Typhoid		Para- Typhoid		Scarlet Fever		Whooping Cough		Diphtheria		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		Polio- myelitis Cases
		Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	
Cannock ..	39,790	—	—	—	—	—	—	10	.25	11	.28	—	—	—	—	325	8.2	2	.05	—	—	—
Cheadle ..	37,200	7	.18	—	—	—	—	2	.05	3	.08	—	—	—	—	133	3.6	4	.10	1	.03	—
Leek ..	13,500	—	—	—	—	—	—	7	.52	10	.74	—	—	—	—	53	3.9	7	.52	1	.07	—
Lichfield ..	46,520	—	—	—	—	—	—	25	1.1	22	.47	—	—	—	—	311	6.7	32	.69	1	.02	—
Newcastle ..	19,410	—	—	—	—	1	.05	13	.67	—	—	—	—	—	—	17	.87	—	—	—	—	—
Seisdon ..	37,280	—	—	—	—	—	—	17	.46	12	.32	—	—	—	—	376	10.1	8	.21	—	—	—
Stafford ..	20,700	—	—	—	—	—	—	8	.39	—	—	—	—	—	—	83	4.0	—	—	—	—	—
Stone ..	20,000	—	—	—	—	—	—	9	.45	—	—	—	—	—	—	67	3.4	—	—	—	—	—
Tutbury ..	21,460	—	—	—	—	—	—	—	—	29	1.5	—	—	—	—	143	6.6	—	—	—	—	—
Uttoxeter ..	12,190	—	—	—	—	—	—	5	.41	—	—	—	—	—	—	38	3.0	—	—	—	—	—

SECTION III

LOCAL HEALTH SERVICES

ADMISSION OF CHRONIC SICK TO HOSPITAL

During the year the number of cases referred by general practitioners was 835, the object being to achieve the best means of using the beds available for the treatment of the chronic sick.

The figures for 1966 are probably not a true reflection of the movement of chronic sick cases, since, following the appointment of a Geriatrician Consultant by the Stafford Hospital Management Committee, a number of cases are referred by the general practitioners direct to the Consultant. No doubt this practice will increase in the future.

The following are the general statistics relating to chronic sick cases.

1. Of the total referrals, the following action was taken:—

(a) Admitted to Chronic Sick Hospital accommodation	448
(b) Mental Hospitals	7
(c) Part III Accommodation	32
(d) General Hospitals	41
(e) Died prior to admission	58
(f) Private Nursing Home	1
(g) Application Cancelled	8
(h) Temporary stays	34
(i) Referred to Bucknall Hospital	4
(j) Patient refused admission	7

2. Of the above figures, in 334 cases the County Council Services were of some assistance prior to the various courses of action being taken.

3. Of the total referrals, 198 cases were cared for at home and assistance was given in accordance with the following:—

(a) Nursing	71
(b) Domestic Help	54
(c) Social Welfare	1
(d) Nursing and Domestic Help	61
(e) Nursing and Social Welfare	3
(f) Domestic Help and Social Welfare	3
(g) Nursing, Domestic Help and Social Welfare	5

CARE OF OLD PEOPLE

As the proportion of older people increases to the general population their care becomes an ever growing concern and in connection with this the County Council continues to provide services for the older members of the community. Older people are sometimes rather sensitive when asking for help and the Social Worker can do so much to help them enjoy the benefits of the many facilities offered. The help and advice given by the Social Worker Agencies covers a vast range of human problems which do not normally present themselves to the younger members of society. It is however comforting to note that the older people in our society enjoy a greater measure of comfort and security than ever before.

It can be said with assurance that the general public at large is aware of the problem of loneliness of old people and this fact is emphasised continually in the local and national press by the announcement of schemes to cater for the specific purpose of overcoming loneliness.

Generally speaking, with the hours of professional social work being aligned to those of normal business, there is ample scope for voluntary organisations to play their part in this most important task.

At a time when more people are living longer it is perhaps opportune to take a look at the general question of the retirement age in connection with physical fitness and it is perhaps desirable to have the “stigma” of retirement taken away. “Too old at 65” is perhaps terminology which should be banished and people of 70 years and upwards encouraged to think of themselves as useful citizens, as indeed they are, although no longer in the sense of commercial production. A curious feature is that some of the older people, over 80 years of age, are reluctant to take advantage of benefits which are their due and which would more than likely enable them to live on without such a high degree of physical and mental deterioration.

During the year a total of 3,216 visits were made resulting in 3,568 old people being seen and the table below indicates the various categories.

	Category 1	Category 2	Category 3	Category 4	Category 5	Total
Number of visits paid ...	1,411	446	995	322	42	3,216
Number of persons seen	1,826	451	833	393	65	3,568

AMBULANCE SERVICE

As from the 1st April 1966 the County Ambulance Service was reduced in size by the transfer of the southern part of the County to the County Boroughs of West Bromwich, Walsall, Dudley, Wolverhampton and Warley upon the completion of the West Midlands Review.

The ambulance station at Tettenhall was transferred to Wolverhampton, Darlaston to Walsall, Tipton to West Bromwich, Rowley Regis to Warley and Brierley Hill to Dudley. This reduced the County Ambulance Service by five ambulance stations, leaving thirteen operational ambulance stations to serve the new County of Staffordshire.

The ambulance stations are situated as follows:—

24-hour Stations

Aldridge
Cannock
Cheadle
Leek
Lichfield
Newcastle
Stafford
Uttoxeter

Sub-Stations

Biddulph
Kidsgrove
Rugeley
Stone
Tamworth

The ambulance stations at Stafford, Lichfield and Newcastle continue the function of divisional radio control stations. During the year plans have been approved to centralise the control procedure of the Service and eventually these three divisional controls will be closed down and the deployment of the ambulance service vehicles will be carried out from a new County Control centre at Stafford.

In 1965 the Committee approved a scheme for training of the ambulance personnel in all aspects of ambulance service work including first aid courses for the staff. The training school is now in operation, for the present time being housed in the Rugeley Ambulance Station until a new training school is built. These courses have been welcomed by the personnel and the standard of the first aid and transportation of patients has been noticeably raised since the training scheme commenced. At the present time personnel are attending a five-day training session, four days of which are concentrated on first aid studies which is followed by a first aid examination, the fifth day is spent on the training of crews and deployment of vehicles on motorways bearing in mind that the M.6 passes through the length of Staffordshire. The course at the moment is considered as a "crash" course to get all the ambulance personnel in the Service through a period of basic training. When this phase has been completed refresher courses will follow, the length of which will be no less than ten days. New entrants coming into the Service are given a period of ten days training before being allowed to perform full ambulance duties. It is realised that this period is not long enough to train the recruits up to the high standard that is really necessary but this method has stopped the situation of new employees being deployed on ambulance service vehicles without any training whatsoever as was the case before this training commenced. It is proving to be very worthwhile giving new entrants into the Service confidence in applying themselves to their new vocation.

In addition to the training of the County Ambulance Personnel the training staff of the County Ambulance Service have now undertaken the first aid training of the Police Cadets and Junior Firemen of the Staffordshire County Police and Fire Services. These arrangements being made after consultation with the Chief Constable, the Chief Fire Officer and the County Ambulance Officer. The results of this co-ordination of training between the three Services has proved most satisfactory.

There has not been any replacement of, or additions to ambulance stations during the year. It had been hoped that this year a start would have been made upon the new County Ambulance Service Headquarters at Stafford which will incorporate the new County Ambulance Control, Training School and Stafford Ambulance Station. However, this scheme has been delayed because of the financial restrictions but with the promise of permission to proceed with the scheme in April 1967.

Vehicle replacements have taken place in accordance with the County Council policy of replacing vehicles every five years which ensures a very high standard of vehicles in service. During this year 11 sitting case vehicles have been replaced by Bedford and Ford chassis with Lomas bodies.

The vehicle maintenance is carried out by County Ambulance Service mechanics in the Service's own workshops situated at County Ambulance Stations.

MILEAGE, PATIENTS CARRIED, VEHICLES, ETC.

The table below gives the mileage and the number of patients carried by each ambulance station during 1966, together with the establishment of personnel and vehicles as at the 31st December, 1966:—

STATION	Hours Open	PERSONNEL	VEHICLES		AMBULANCES		SITTING CARS	
			Ambs.	Cars	Mileage	Patients	Mileage	Patients
Aldridge	24	25	4	5	87,379	10,995	83,142	13,034
Biddulph	16	6	1	2	18,702	2,061	34,443	8,072
Cannock	24	29	4	5	121,716	13,807	114,999	17,148
Cheadle	24	23	2	5	45,799	4,927	88,892	16,207
Kidsgrove	16	6	2	1	33,619	6,019	18,037	5,250
Leek	24	25	4	4	74,711	8,016	89,158	14,046
Lichfield	24	29	4	5	83,536	13,013	80,541	13,035
Newcastle	24	32	5	5	75,016	12,139	83,898	18,828
Rugeley	16	6	2	1	48,893	6,355	25,157	4,146
Stafford	24	32	5	4	98,362	11,283	83,428	11,575
Stone	16	6	1	2	29,376	3,558	43,136	5,501
Tamworth	16	11	2	2	53,055	9,205	54,189	5,251
Uttoxeter	24	25	3	3	67,521	6,115	89,421	8,774
TOTALS	—	255	39	44	837,685	107,493	888,491	140,867

The analysis of the types of patients carried is given below:—

Maternity	...	...	...	...	4,645
Illness	...	...	...	...	236,562
Accidents	...	...	...	...	6,376
Infectious	...	...	...	...	338
Mental	...	...	...	...	439

The following is a comparison of the number of Stations, personnel, vehicles, patients carried and mileage at the 31st December 1966 with the number at 31st December 1965:—

	*31.12.65	31.12.66
24-hour Stations	11	8
Sub Stations	7	5
Ambulances	53	39
Sitting Cars	60	44
Personnel	355	255
Patients carried	360,154	248,360
Mileage	2,334,755	1,726,126
Average miles per patient carried	6.76	6.14

(*For comparison, figures are for County before reduction in size)

AGENCY SERVICE

The following table shows the mileage run and patients carried by the Hospital Car Service in the Stafford and Lichfield Areas:—

<i>Month</i>	<i>Stafford</i>		<i>Lichfield</i>	
	<i>Mileage</i>	<i>Patients carried</i>	<i>Mileage</i>	<i>Patients carried</i>
January	862	20	1,134	27
February	400	10	960	47
March	1,358	41	1,050	22
April	1,491	34	914	26
May	1,799	44	1,180	25
June	1,111	21	2,468	43
July	1,052	28	1,390	25
August	1,464	32	945	16
September	1,086	31	400	10
October	1,371	19	971	17
November	952	16	1,106	23
December	775	19	596	12
	<hr/>	<hr/>	<hr/>	<hr/>
	13,721	315	13,114	293
	<hr/>	<hr/>	<hr/>	<hr/>

ATTENDANCES AT CLINICS

INFANT WELFARE CENTRES

At the end of the year there were 92 Welfare Centres in operation of which 23 are purpose built, 9 adapted and 60 occupied on a sessional basis.

The following are particulars of the number of sessions and attendances made during the year (including attendances at Clinics which were transferred to other authorities on the 1st April, 1966):—

No. of sessions 5,494

No. of children who attended during the year
and who were born in:—

1966 13,049

1965 7,363

1961-1964 6,418

Total 26,830

No. of attendances during the year made by
children who at the date of attending were:—

Under 1 year 95,687

1 but under 2 62,802

2 but under 5 40,133

Total 198,622

ANTE-NATAL AND POST-NATAL CLINICS

1,044 sessions were held during the year as follows (including sessions at Clinics which were later transferred to other authorities):—

Medical Officers	...	...	...	...	226
Midwives	...	...	...	...	661
General Practitioners employed on a sessional basis	...	...	...	...	144
Hospital Medical Staff	...	...	...	...	13

The following are the numbers of expectant mothers and attendances made by them during the year at the Ante-Natal Clinics:—

No. of expectant mothers attending	...	...	5,253
Total number of attendances (approx.)	...	...	10,000

Sixty-one persons attended the Post Natal Clinics.

Where treatment is required, the patient is referred other than for unsatisfactory dental conditions to her own doctor. Dental treatment can be given under the County Council Scheme and the patients are offered the facilities locally available.

ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year	(a) Institutional booked	1,342
	(b) Domiciliary booked	1,553
	(c) Total	2,897
Total number of attendances during the year ...		10,150

CHILDREN “AT RISK”

The recognition that certain children were more likely than the rest of the population to be born with, or to develop, handicapping conditions led Dr. Sheridan of the Ministry of Health to suggest an “at risk” register. The progress of such children should be carefully supervised during infancy so that defects, if present, may be found as soon as possible and early treatment instituted.

In Staffordshire, during 1966, there were 926 children entered on this register and of these 333, the largest group, were included because of premature birth. Apart from prematurity, a large number of environmental factors during pregnancy may have an adverse effect and so justify these children being included on the “at risk” register when born. A well known example is German Measles which, if contracted by the mother early in pregnancy, may result in abnormalities of hearing, sight or of the heart.

Finally, certain congenital defects arise, due to inherited as opposed to environmental factors, and the largest group of these was 21 cases of congenital dislocation of the hip(s).

Summary of Congenital Defects:—

Limbs	...	...	...	...	...	32
Alimentary Tract			...	...	...	21
Mental	...	...	...	...	...	12
Heart	...	...	...	...	...	10
Blindness		...	...	...	...	1
Others	...	...	...	...	...	1

In order to enlarge our knowledge of the causes of congenital defects, a careful recording of all events during the mother's pregnancy is required, preferably made at the time, since recollection after the birth can be incomplete or inaccurate.

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

The County Welfare Officer of this Authority has kindly provided the following information with regard to the welfare of blind and partially sighted persons in the administrative County.

The number of registered blind people living in the County has fallen from 1,707 to 1,032, brought about by the West Midlands Order of 1965.

STATISTICS

BLIND AND PARTIALLY SIGHTED REGISTER

Numbers Registered as Blind at 31st December, 1966	...	...	...	Male	...	431
				Female	...	601
						<hr/>
				Total		1,032
						<hr/>
Numbers Registered as Partially Sighted at 31st December, 1966	...	...		Male	...	101
				Female	...	167
						<hr/>
				Total	...	268
						<hr/>
Number on Partially Sighted Register (under 16 years of age)	...	...		Male	...	9
				Female	...	12
						<hr/>
				Total	...	21

AGE PERIODS OF REGISTERED BLIND

<i>Age</i>					<i>Numbers</i>
Below 1	...	...	...	...	—
1	...	...	...	...	1
2	...	...	...	...	4
3	...	...	...	...	2
4	...	...	...	...	2
5-10	...	...	...	...	15
11-15	...	...	...	...	9
16-20	...	...	...	...	12
21-29	...	...	...	...	33
30-39	...	...	...	...	38
40-49	...	...	...	...	64
50-59	...	...	...	...	112
60-64	...	...	...	...	73
65-69	...	...	...	...	106
70-79	...	...	...	...	249
80-84	...	...	...	...	137
85-90	...	...	...	...	120
90 and over	...	...	...	...	55
					1,032

AGE AT ONSET OF BLINDNESS

<i>Age</i>					<i>Numbers</i>
Under 1	...	...	...	...	96
1	...	...	...	...	7
2	...	...	...	...	—
3	...	...	...	...	3
4	...	...	...	...	—
5-10	...	...	...	...	59
11-15	...	...	...	...	19
16-20	...	...	...	...	28
21-29	...	...	...	...	40
30-39	...	...	...	...	60
40-49	...	...	...	...	82
50-59	...	...	...	...	114
60-64	...	...	...	...	72
65-69	...	...	...	...	104
70 and over	...	...	...	...	356
Unknown	...	...	...	...	12

Employed in Workshops	...	29	Employed Otherwise	...	68	
In approved Home Workers' Schemes	...	14				
Under Training	...	...	1	Children under 16	...	33
Unemployable	...	...	...	870, of which		
Not available	...	...	...	117		
Not capable	...	...	...	97		
Over 65	...	...	...	656		

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F. of Forms B.D.8 recommends:—	48	11	2	105
(a) No Treatment	9	—	2	39
(b) Treatment (medical, surgical or optical)	39	11	—	66
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	14	8	—	58

The County Welfare Department of this Authority is responsible for the welfare of blind persons. Where the Department does not provide services direct arrangements exist with registered voluntary organisations for the provision of these services.

A wide range of welfare services is provided for blind persons including social activities, instruction in handicrafts and in methods of overcoming their disability, holidays, outings and teaching to read embossed literature.

Where possible attempts are made to assist in placing registered blind persons in open employment or in sheltered workshops or as home workers. In addition instruction is provided in pastime occupations in the homes of blind people and in social and handicraft centres.

All registered blind and partially sighted people are visited regularly by the Home Teachers of the County Welfare Department to see what help can be given and to ensure they obtain all assistance to which they are entitled from the social services.

BUILDING PROGRAMME FOR HEALTH CENTRES AND INFANT WELFARE CENTRES

Although there are no purpose-built Health Centres operating in the Administrative County during the period covered by this report, one is in the course of erection at Horse Fair, Rugeley. This building has been planned to combine the facilities of a large Infant Welfare Centre with those of the General Medical Practitioners of the town to form an integrated Health Centre and forms part of the Staffordshire County Council's programme for the expansion of such facilities. A further 21 Health Centres are planned in various parts of the Administrative County over the next ten years and this figure may well increase with the increasing interest which is being shown by the General Medical Practitioners in such projects.

The Health Centres are planned to cater so far as is possible, having regard to site problems and financial limitations, for the individual needs of the Local Health Authority services and the General Medical Practitioners who will be using the premises. Particular emphasis is placed on full integration of the various services within the building. The numbers of doctors in the practices who have indicated an interest in participating in these schemes range from practices of from one up to twelve doctors. In those cases where only perhaps one or two doctors have expressed an interest in joining with a scheme for a Health Centre, consideration is given as to whether their needs could be met by allocating accommodation within a standard clinic. This method has been adopted on two occasions and with a little give and take on both sides, has worked extremely well, although its application is restricted.

In addition to the programme for the provision of Health Centres, there are some 26 Infant Welfare Centres planned over the next ten years. Where an Infant Welfare Centre is planned for a particular area, steps are taken to acquaint all the doctors in the area with the proposals in the very early stages. This process then enables adjustment to be made to the approved building programme by substituting a scheme for a Health Centre instead of an Infant Welfare Centre where necessary.

PROVISION OF NEW INFANT WELFARE CENTRES

During the year clinics were opened at:—

Eskrett Street, Hednesford—New Purpose Built Clinic.

Old C. of E. School, Church Lane, Keele—Adapted.

Hilltop Methodist Church,

Biddulph Moor

Village Hall, Pattingham

Community Centre, Rushall

Parish Hall, Yoxall

} Rented accommodation

As a result of the opening of the new clinic at Eskrett Street, Hednesford, the functions held in rented premises at Cannock Road, Hednesford, were transferred, and the latter closed down.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

This Service is provided throughout the Administrative County and surrounding authorities by the Lichfield Diocesan Association for Moral Welfare Work, and during the financial year 1966/67, the County Council grant to the Association was £3,365.

The following is an extract from the 60th Annual Report of the Association:

“During 1966, 1,354 women and girls were helped by the Diocesan Caseworkers. 865 of these were new maternity cases and there were an additional 80 families who requested help with family and personal problems. These details show that there has been little change in the Diocesan work as compared with 1965.

HOMES

During the year, 241 girls from this Diocese have been accommodated in Mother and Baby Homes within the Diocese which shows only a slight increase compared with 1965. This is balanced by a reduction of 28 girls

who have been accommodated in Roman Catholic Mother and Baby Homes. 464 girls went into their local hospitals for confinements and 27 had their babies at home.

During 1965 a national survey was carried out by the Moral Welfare Workers' Association to find out reasons for the girls and women being admitted to Mother and Baby Homes, and it is interesting to note that 30.5% of girls went into Homes owing to fear of social ostracism; 29.5% of the girls' families were faced with accommodation problems and chose to have their daughter cared for away from home, whilst 25% of girls were faced with domestic and family problems and the remaining 12% went away from home in order that their baby could be adopted; some girls were in need of care and protection and some had emotional and physical health problems which necessitated them going away from home. In the remaining 3% of admissions to Homes no reason was given.

ADOPTION WORK

The past year has shown a slight reduction in the number of applications received from prospective adopters. In 1965 420 applications were received compared with 365 in 1966. 186 applications have already been investigated and accepted, 27 have been refused either by the Committee or cancelled by prospective adopters. 308 babies as compared with 275 babies the previous year were placed for adoption and 285 adoptions were legalised and 13 babies were withdrawn after placing for adoption, either through their mothers reclaiming them or the adopters returning them to the Association. During the year we have had an increasing demand for adoptive homes for babies whose parents belong to the coloured races, but unfortunately we have not been able to find suitable homes for all these babies with the result that some have been admitted to Children's Homes. We are indeed grateful to adopters who feel they can meet this particular need and would be very much interested to hear from people who would like to offer a home to these babies."

CERVICAL CYTOLOGY SERVICE

Following the granting of the necessary Ministry of Health approvals, the Health Department commenced a Cervical Cytology Service in May, 1966, for screening for prevention and early detection of cancer of the cervix, including a routine breast examination. The first clinics opened at Stafford, Cannock, Kids Grove and Biddulph. and were followed shortly afterwards by clinics at Wombourne, Codsall and Kinver. By the 31st December, 1966, there were ten clinics in various parts of the County, operating on a weekly or fortnightly basis.

The rate of expansion of this Service has been dependent upon the Hospital Service being able to provide the laboratory facilities for examining slides taken at clinics. The shortage of trained technicians to undertake this work is a national problem and the Ministry of Health have taken steps to improve the position by providing training courses at various centres for technicians to which Hospital Authorities throughout the country can send their staff.

At all Cervical Cytology Clinics opened in the County during 1966, the initial demand for appointments was good and so great at one clinic that the lists had to be closed for a period of six months. The good response can, I think, be accounted for by the widespread national and local publicity the smear test has received.

By the end of 1966, this Authority had provided approximately 3,000 examinations and it is expected that during 1967 a further 8,000 examinations will be given. The number of positive cases discovered by the end of the year had amounted to ten persons.

Depending upon what is discovered at the actual examination and the eventual result of the smear test, a patient is referred to her own doctor for treatment or further referral to a gynaecologist, if necessary.

The provision of all the necessary equipment and the stationery for this service has been provided by the Local Health Authority. As from the 1st January, 1967, a new scheme becomes operative whereby the Hospital Authority will supply Local Health Authority Clinics with certain items of equipment and stationery for the Service.

The Service is administered centrally and all patients' record cards are filed at the central office. Arrangements are being made for the records to be put on the County Council computer and this should prove beneficial for statistical analysis and will also provide a mechanised recall system.

During 1967, it is hoped that clinics will be operating in all parts of the Administrative County as the gradual expansion of this important service continues.

CHIROPODY SERVICE

The steady demand for chiropody treatment continued throughout the year 1966, and there can be little doubt that this is a Service from which aged persons derive a great deal of benefit.

Since the inception of the Chiropody Service in 1960, treatment has been authorised for 11,765 adult patients.

With the transfer of large areas of the Administrative County to County Boroughs, under the West Midlands Order 1965, approximately 3,020 adult patients ceased to receive chiropody treatment within the provisions of the County Scheme. These patients together with children attending school clinics for foot care, represented 52 weekly sessions worked by six chiropodists who were transferred to the new boroughs. The establishment of whole-time County Chiropodists was reduced by five, from eighteen to thirteen, representing the 5.2 whole-time sessions transferred to the County Boroughs.

During the year ending 31st December 1966, 24,963 clinic treatments and 8,642 domiciliary treatments were given to adults. The number of expectant mothers treated was 48 and physically handicapped cases (mainly rheumatoid arthritis) totalled 1,278.

At 31st December, 1966, there were four whole-time chiropodists and sixteen part-time chiropodists employed by the County Council. These chiropodists were working 123 sessions a week—the equivalent of 12.3 whole-time chiropodists. Forty-five clinic centres were in use and six Old People's Homes were being visited.

The greatest increase in the Service was to be found in the demand for the treatment of school children. Parents have not only come to accept foot care for their children but are now anxious that regular foot inspections are made in schools. Head Teachers have given every co-operation to County Chiropodists carrying out inspections on school premises and many of them made immediate requests for the chiropodists to visit schools

where a child appeared to be in need of treatment. This co-operation enabled chiropodists to deal with such highly contagious conditions as verruca pedis and athlete's foot before the infection could become widely spread.

The County Chief Chiropodist gave a number of lectures on foot care to senior pupils and, on occasions, to parents, and advised on the disinfecting of school floors. However, the problem of verruca pedis is a constant one and the following tables show the increased efforts made to deal mainly with this condition.

<i>Year</i>	<i>Number of Children Referred</i>	<i>Number of Treatments Given</i>
1962	202	404
1963	260	488
1964	407	1,074
1965	2,379	5,854
1966	5,743	20,727

The figures for school treatments for 1966, represented 21.9% of the chiropodists' time and this did not fully meet the requirements. Much still remains to be done in this field but the chiropodists' main concern is for the very serious deformities found to exist because of incorrect footwear. These deformities existed principally amongst the senior pupils but even the occasional pre-school child was found to be suffering from corns and toe deformities, due to bad footwear.

Because of the lack of accommodation, the proposed Chiropody Appliance Centre was not opened. The Centre will provide facilities for the manufacture of most types of corrective appliances. By early corrective treatment for children, it is hoped that serious foot defects in later life will be avoided. Chiropodists feel that greater effort is needed to convince parents that incorrect footwear for children can have very serious consequences in later years. Health education in this field is of primary importance.

The year 1966 confirmed the steady demand for chiropody treatment for adults and emphasised the need for the early treatment of school children. The staff position was much easier with applications for part-time posts exceeding the vacancies on the establishment. Whole-time posts did not, however, attract applicants, although one of the part-time chiropodists joined the whole-time staff in August, 1966.

CO-ORDINATING COMMITTEES—FAMILY WELFARE TO PREVENT CHILD NEGLECT OR ILL-TREATMENT

The Medical Officers to Area Health Committees act as Co-ordinating Officers on behalf of the County Medical Officer. The periodical meetings in all parts of the County are attended by social workers employed by the Authority and also representatives of voluntary organisations. In addition, student social workers attend the meetings and this provides them with valuable contact with other social workers and a sound insight into the wide field of social work.

At the Co-ordinating Committee meetings, selected cases are discussed by the representatives of the various departments and agencies present, with a view to the case being referred to and dealt with by the most suitable department or agency.

One of the important functions of these meetings is to enable members to get to know each other and to discuss common problems. This has greatly improved the liaison between officials, which is so necessary in dealing with problem families and has enabled families "at risk" to be spotted in the earliest stages of their difficulties.

In known cases of neglect—it is undoubtedly true that poor housing conditions play a very large part—both in causing and maintaining the neglect in the majority of cases. The term "poor housing conditions" does not necessarily imply that the house is of poor quality in itself, but is ill-equipped.

The County Children's Officer of this Authority, who provides secretarial assistance for the Co-ordinating Committee meetings, reports that the types of cases discussed at meetings, continue to be of similar character to those in the past, e.g. families living below a reasonable standard or on the borderline of neglect, inability of parents to cope financially and/or materially with the needs of the family. In addition to the financial difficulties, the Children's Officer points out that marital disharmony is only too often an unhappy ingredient of this type of family.

On the brighter side, the Children's Officer states that it is encouraging to note the marked improvement in some families, where it has been possible for better living conditions to be provided or where the case worker has succeeded in gaining the confidence and co-operation of the parents.

During the year, 294 cases were considered at the Co-ordinating Committee meetings and a summary of the action taken is given below. Good results have been obtained in many cases.

Referred to Health Visitor	...	...	...	91
„ „ Probation Officer	...	...	...	4
„ „ N.S.P.C.C.	...	...	...	2
„ „ Social Welfare Officer	...	...	...	19
„ „ Mental Welfare Officer	...	...	...	5
„ „ Child Care Officer	...	...	...	27
„ „ Education Welfare Officer	...	...	...	1
„ „ Local Housing Authority for rehousing	...	...	...	3
Retained under Joint Observation (2 Officers)	...	...	...	111
Retained under Joint Observation (3 or more Officers)	...	...	...	24
No action taken (problems solved)	...	...	...	7
Total	...	...	...	294

During the year 67 cases were removed from the register of which 34 were satisfactorily concluded and 13 left the district. Of the total cases, 116 were in receipt of Social Security Benefit.

PREVENTION OF BREAK-UP OF FAMILIES

Much has been said in previous Annual Reports about the prevention of break-up of families, also the rehabilitation of problem families. For the year under review, five Social Workers covered the Administrative County for part of the year, after the West Midlands Review Order took effect on the 1st April, 1966, with the addition of a further Social Worker later in the year. The work of the Social Worker is closely integrated with that of the Health Visitor.

Experience shows that the Health Visitor can play a most important part in the preventative aspect of work with problem families as she is the only worker who, by reason of her statutory responsibilities, i.e. Section 24 of the National Health Service Act, 1946, is obliged to visit all homes where there are children. She is in a particularly good position to see the early signs of deterioration and is often able to take appropriate action to help the family in the early stages. This is true preventative work and as such is extremely difficult to record for statistical purposes. The preventative aspect of the Department cannot be over-emphasised. Regular and intensive visiting is undertaken in order to give support to the family. Advice and guidance is, where necessary, supplemented with practical assistance such as home helps, the intention being not to provide help indefinitely but to train the particular family to raise the standard of their home.

Another important aspect in the preventative field is that of mothercraft training. During the year four families received this training. Also, in order to stop eviction of families, sixteen rent guarantees were offered to District Councils. Rent guarantees have shown themselves to be an effective method where eviction is imminent.

In order to encourage an interest in family surroundings, garden seeds were provided to one family who were in need of some encouragement. Also, an arrangement has been entered into with a local library for all unwanted books to be forwarded to the Social Worker so that these may be distributed to problem families. These are two instances among many of how the Social Worker and Health Visitor go about their work of encouragement.

CO-ORDINATION AND CO-OPERATION OF HEALTH DEPARTMENT DOMICILIARY STAFF WITH THE HOSPITAL AND FAMILY DOCTOR SERVICES

Due to the severe shortage of Health Visitors, it has not been possible to make any extension in the scheme for the attachment of Health Visitors to General Practitioners.

It is hoped that as Health Centres are completed, more staff may become available and attachment may take place as a natural sequel to the changed conditions of work.

When the Health Visitor is aware that cases have been discharged from hospital, these are followed up but it is not always possible through lack of notification.

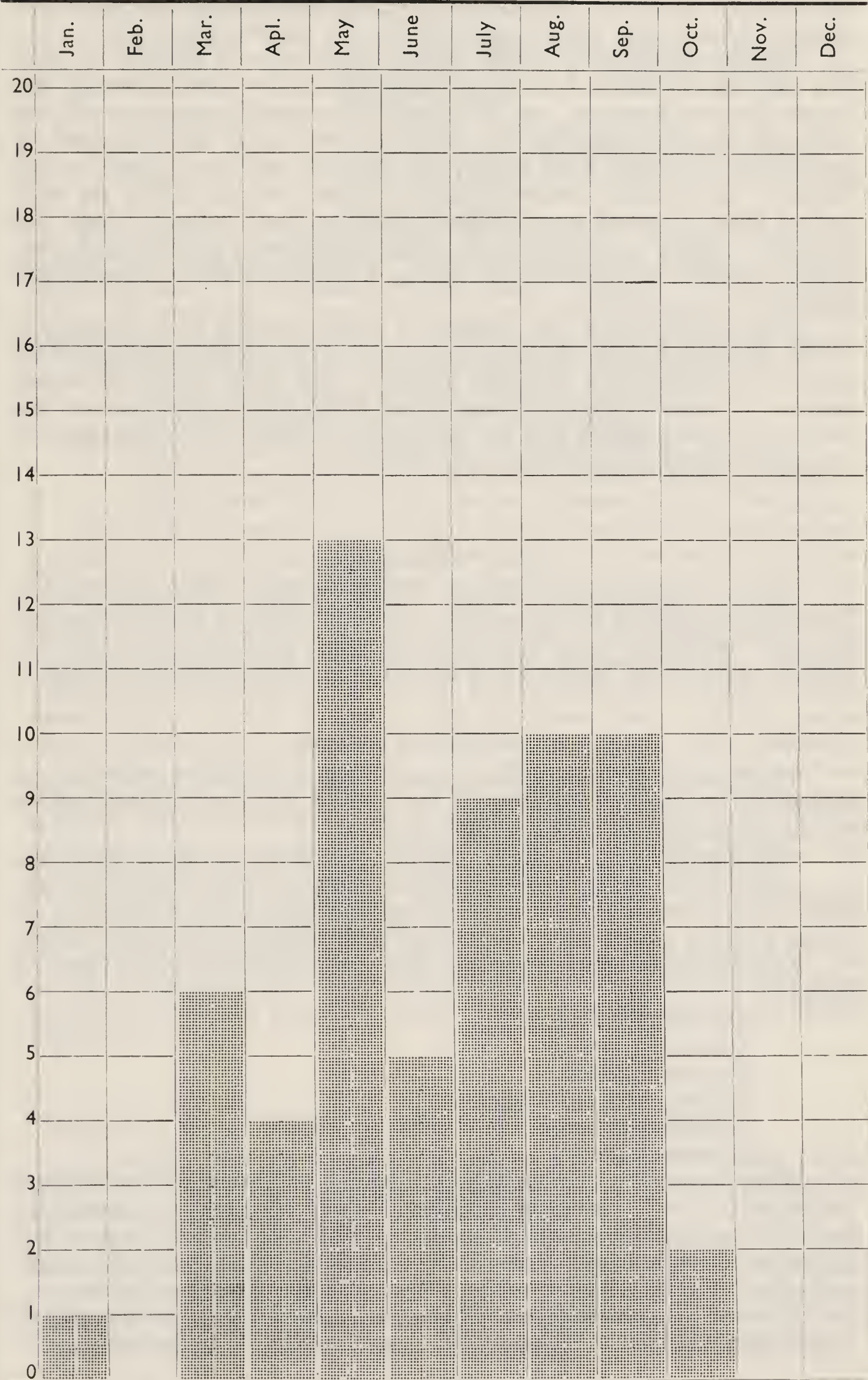
In the case of Stafford area, the liaison scheme in charge of the Area Medical Officer, continues to be successful.

There is no attachment of Midwives but both they and District Nurses are encouraged to co-operate with the General Practitioners.

CONVALESCENT HOME TREATMENT

The following table statistically represents convalescent holidays taken by persons recuperating from illness.

Convalescent Holidays Taken 1966



Included in these totals are 5 children who accompanied parents

Operated in accordance with the National Health Service Act, 1946, this scheme is designed to hasten the period of recovery of those members of society who perform a service in the community and home and who will return to their normal duties more quickly by taking a convalescent holiday through this scheme operated by the County Council.

The recommendation of the general practitioner is required in each case and the scheme is open to all members of the public through the Social Worker Agencies. As the scheme has specific aims, not all the applicants can be approved, i.e. where those persons have returned to housework or normal work duties, but there are very few refusals in this respect. The benefits obtained from a scheme of this nature are self-evident when reviewed on a national basis for many valuable weeks are saved to industry through people recuperating more quickly than they would normally have done so by taking a carefully chosen convalescent holiday.

It can be said that the number of persons taking convalescence is rather low but it must be considered that all the larger firms provide their own convalescent facilities otherwise the figure would be much greater. It goes to show, however, that industry is fully aware of the merits of convalescence and its value when applied to the number of man-hours saved to industry in this respect.

DAY NURSERIES

Prior to the boundary changes on the 1st April, 1966, the County Council operated five Day Nurseries. Three of these, at Bilston, Wednesfield and Willenhall, were transferred to other authorities, leaving one nursery operating at Stafford and the other at Newcastle-under-Lyme.

STAFFORD DAY NURSERY—RIVERSIDE, STAFFORD

The Stafford Nursery is administered from day to day by the Medical Officer to the Stafford Area Health Committee, and the following report has been provided by the Medical Officer:—

“The Stafford Day Nursery operates on a strict system of priorities for admission to include children whose mothers are in full-time work, because for various reasons they are without support of a husband, or whose mothers are unable to look after their children because of illness.

Approximately 70% of children are in the priority class as itemised below:—

- The unmarried mother
- Separated parents
- Divorced parents
- Widows and widowers
- Confinement cases
- Hospital cases

There is always a considerable waiting list, and when a place becomes available to a ‘non-priority’ mother, her child is admitted on a temporary basis and on the understanding that she may be called upon to give up her place should the necessity arise. Every effort is made to avoid this inconvenience to a family, and it is very seldom that this situation occurs.

The nursery accommodates 50 children, ages ranging from 6 weeks to 5 years, and is open throughout the year excluding bank holidays.

PRACTICAL RUNNING

The aim is to make the child feel 'at home' and the routine is based on a large family group.

Children are divided into three groups:—

TODDLERS	...	25 children between the ages of 3 and 5 years are cared for by a qualified Warden and Nursery Nurse.
TWEENIES	...	15 children between the ages of 1½ and 3 years, cared for by two Nursery Nurses.
BABIES	...	10 babies under 18 months, cared for by two Nursery Nurses.

The nursery is a training school for students, a two-year course for the Certificate of the National Nursery Examination Board. Alternate weeks are spent at the nursery and Newcastle College of Further Education. This provides a course which is evenly divided between vocational subjects and subjects designed to further the student's general education.

There are regular visits to the nursery, some of which include:—

Student nurses from Staffordshire General Infirmary.

Student teachers of the mentally handicapped.

Pupils from Graham Balfour Grammar School, Stafford.

Pupils from Trinity Fields Secondary Modern School, Stafford.

Pupils from Wolgarston Secondary Modern School, Penkridge.

The Welfare doctor visits weekly and performs medical examinations, vaccinations, immunisations and deals with any queries which may arise. Defects and deformities are referred to the doctor whenever appropriate.

A varied and balanced diet is given to the children and meals are cooked on the premises. Records are kept on young babies weights and progress. Mothers are advised on weaning and feeding where problems exist, particularly with the very young unmarried mother. Many 'priority' cases appear to prefer to talk to the staff about their problems, rather than to relatives, and they seek practical advice.

Due to varied circumstances in the home, children become emotionally disturbed and this shows in many ways, e.g., biting, kicking, bed-wetting, temper tantrums, loss of weight and quite frequently this has to be dealt in a sympathetic manner by discussion with parents. This produces far better results than labelling a child as being naughty.

There is a liaison between mothers and staff, and where problems exist, every effort is made to help or refer.

On the whole, there is a lively atmosphere among the children, and as they become familiar with their nurse and the routine, they show confidence knowing that their mother or father will return at the end of the day."

NEWCASTLE DAY NURSERY (LIVERPOOL ROAD, CROSS HEATH)

The Day Nursery is administered by the Medical Officer to the Borough of Newcastle-under-Lyme (delegated authority) and the following report has been provided by the Medical Officer:—

"The Nursery provides 40 places. It is supervised by a Matron, assisted by a Deputy Matron, two nursery nurses, one warden, six students and a domestic staff of three. The students obtain practical experience at the nursery and attend part-time for theoretical training at the Nursery Training Centre at the Newcastle College of Further Education.

Children are admitted to the nursery on a waiting list basis but there is also priority admission for urgent cases. A priority case might be where the mother is forced by circumstances to take employment, possibly because she is unmarried or widowed; where the home conditions are unsatisfactory; where the mother is unable to take full care of the child owing to illness; where the child is handicapped.

During the year under review the nursery was closed from the 18th November to the 5th December owing to an outbreak of dysentery. The nursery was also closed for two short periods owing to a measles and whooping cough epidemic, Also there occurred one case of croup.

It is hoped that work will start in the near future on the new Day Nursery to replace the present establishment which is now overdue for renewal. The new nursery will be purpose-built and will have 50 places.

It is pleasing to report that during the year only one child was found with head infestation.

During the year there has been a considerable increase in the number of illegitimate children admitted to the nursery. There has also been an increase in the number of children admitted whose parents have a 'nil' assessment on the Council's scale of payment.

There were a number of staff changes at the nursery during the year but these were accepted by the children without any apparent effect."

The following are some general statistics relating to the Day Nurseries:

	<i>No. of approved places</i>	<i>Average Daily Attendance</i>	<i>No. of Children on register at end of year</i>
Stafford ...	50	39	46
Newcastle...	40	29	42

Nurseries and Child-Minders Regulation Act, 1948

During the year, 36 premises were registered under this Act bringing the total number of registered playgroups in the Administrative County to 96 at which 1,423 children of pre-school age attended. Not included in this total are 10 play groups transferred under the West Midlands Review Order which took effect on the 1st April, 1966. The purpose of the Act is to ensure that children receive proper care whilst in the charge of persons other than parents.

Playgroups are a fast growing feature in the County scene and in the not too distant future one can envisage a playgroup in most towns and villages. Some of the groups are organised on a voluntary basis and operate from hired premises, others being organised from private homes.

There is clearly a need for this type of community service, provided so admirably by the various voluntary organisations and private individuals. The growth of playgroups can be attributed to the fact that more mothers of pre-school children wish to take employment. Also children are now eager to participate in group activities at a much earlier age. It is emphasised to all Child Minders and Playgroup Organisers that play should be organised along simple educational lines.

The inspection and supervision of these groups and their premises places a further burden on the already strained services of the Nursing Officers and should the present trend continue to increase, this will prove to be an ever growing and important aspect of their work.

DENTAL TREATMENT

The following table shows the number of patients provided with dental care:—

	Number of Patients examined during the year	Number of Patients found to require treatment	Number of Patients offered treatment	Number of Patients who commenced treatment during the year	Number of courses of treatment completed during the year*
Expectant and Nursing Mothers	182	174	172	162	132
Children under 5 years of age	1578	1028	991	973	685

*A patient may have had more than one course of treatment during the year and some patients may have requested emergency treatment only.

Comparisons with the amount of treatment carried out in previous years are not possible owing to the boundary revisions which came into effect at 1st April, 1966. Expectant and nursing mothers made a total of 608 attendances for treatment, an average of 3.8 visits per patient, and children under 5 years of age a total of 2,090 attendances, an average of 2.1 visits per patient. A continuing decline in the number of expectant and nursing mothers treated reflects the trend by this type of patient to obtain treatment under the National Health Service from their regular dental practitioner. Subject to the limitation imposed by shortage of staff, great efforts have been made to inspect and treat as necessary more of the very young children.

The equivalent of 18.5 whole-time dental officers and 6 dental auxiliaries in post at the end of the year devoted approximately 5.25% of their time to maternity and child welfare dentistry.

The kinds of treatment provided are shown in the following table:—

	Fillings	Extractions	General Anaesthetics	Scaling & Gum Treatment	Silver Nitrate Treatment	Crowns and Inlays	Dentures Provided		Radiographs
							Full Upper or Lower	Partially Upper or Lower	
Expectant and Nursing Mothers	420	403	33	125	—	3	36	26	13
Children under five years of age	1521	1388	506	261	417	—	—	—	13

The 1,388 deciduous teeth extracted for children under 5 years of age draws attention to the early dental damage caused by poor dietary habits, massive sweet-eating (confectionery consumption per head of population throughout the United Kingdom during 1966 has been estimated to be 7.6 oz. per week) and bad oral hygiene. The number of extractions also reflects the fact that young children very often attend for the first time with toothache when it is too late to be able to save the teeth by conservative means.

All members of the dental staff have continued to give advice on dental care to mothers and children. These efforts to reduce dental decay by improving oral hygiene and diet would be powerfully reinforced by fluoridation of the water supply. Many schemes in operation in all parts of the world have demonstrated that water fluoridation over a number of years reduces by half the number of decayed teeth in children. The County Council has decided in favour of fluoridation and negotiations to secure the approval of interested parties have proceeded during the year.

DENTAL LABORATORY

A summary of the work completed during the year by the County Dental Laboratory is shown in the following tables:—

(a) *Denture Work*

Type of Denture	No. Constructed
Full Upper Dentures	26
Full Lower Dentures	21
Partial Upper Dentures	123
Partial Lower Dentures	23
Relines and Remakes	16
Repairs to Dentures	31
Total	240

(b) *Orthodontics*

Type of Work	No. Constructed
Regulation Appliances (removable)	362
Study Models	777
Total	1,139

(c) *Sundries*

Nature of Work	No. Constructed
Crowns (Acrylic 34) (Gold 6)	40
Inlays	3
Special Trays	49
Ear Moulds	16
Splints	2
Total	110

The staff of the County Dental Laboratory consisted of the Maxillo Facial Technician in charge, three Dental Technicians and one Dental Technician Apprentice, who started in September. The planned transfer of the Dental Laboratory from the present rather inadequate old wooden building into a new multi-purpose block was held up by the restrictions on public expenditure but it is hoped that this much needed improvement will take place as soon as conditions allow.

DISTRIBUTION OF WELFARE FOODS

The County Council in their capacity as Local Health Authority, are responsible for the distribution of Welfare Foods, i.e. National Dried Milk, Cod Liver Oil, Vitamins A & D. and Orange Juice.

At the end of the year, Welfare Foods were being distributed from 73 Clinics and 39 other centres, e.g. shops and private houses as well as from the Welfare Foods Van, which covers the Leek Area.

During the year, approximately six tins of National Dried Milk were returned to the department with various complaints concerning the quality of the milk powder. Following the usual procedure, the powder was returned to the Ministry of Health for analysis. The actual findings were reported direct to the purchasers and the Ministry expressed the view that they were grateful for the opportunity of being able to test the quality of the powder to ensure that the high standard is maintained. Of the six tins submitted in two cases the complaints were justified.

In addition to the Welfare Foods, proprietary foods are sold at distribution centres in accordance with an approved scheme. All leading brands are available for sale at prices cheaper than practically all retail prices at private stores.

Mothers calling at the clinic to purchase baby foods, at the same time bring their children along to take advantage of the welfare services offered.

DOMESTIC HELP SERVICE

The Domestic Help Service is a service which is provided in accordance with the National Health Service Act 1946, Paragraph III, Section 29.

The Service is a vital aspect of Community Care and plays an important part in helping persons to remain at home in familiar surroundings for longer than would otherwise be the case if no such service existed. By forestalling institutional care a saving in expenditure is achieved as care in an old persons' home or chronic sick hospital is more costly than care provided in the home.

Domestic Helps are available for assistance in the home in cases where due to age, infirmity, sickness, absence of wife or mother in hospital or some similar reason, this leaves no suitable person in the home to care for the patient or the family.

The Domestic Help Service provides the following.

The Help will:—

- (a) Keep the home clean and tidy (this includes all rooms and toilets used by the applicant, and dependants) including inside window cleaning and care of grates. Attics and cellars, or rooms occupied by healthy adult members of the family or lodgers, will not be cleaned by the Help in short term cases.

- (b) Cook and prepare meals for the family.
- (c) Care for any children there may be and see that those attending school do so regularly and are clean and tidy.
- (d) Do the washing, including linen soiled during the confinement. Washing will not be carried out for any adult member of the family who is able to do their own work, e.g. daughters going out to work, or lodgers. The Help, in short term cases, is not expected to wash curtains or blankets unless these have been soiled by the patient. Washing must be done at the applicant's home and must not be removed by the Help unless special permission is received from the Medical Officer to the Area Health Committee.
- (e) Undertake careful marketing for the family if asked to do so. The Domestic Help will obtain receipts for all purchases. The Help will act under the direction of the applicant as to the type of meals provided.

During 1966 the demand for the service continued to expand. The statistics quoted below relate to the Administrative County as at the 31st December, 1966, and cover the nine month period 1st April—31st December, 1966. Any comparison with the figures for previous years is, therefore, misleading.

The increase in demand for the service has been particularly noticeable since 1965 when a free service for the aged 65's and over was introduced. Demand for the service during the winter months was, as expected, greater than during the summer period. In addition it was noticeable that more confinement cases were being assisted, particularly on the large new housing estates in various parts of the County. Finally it was noticeable that hospital discharges were earlier in both cases of old and young patients, thus calling for additional domestic assistance.

Total cases assisted during the period	...	...	5,266
(i) Aged 65 and over	...	...	4,325
(ii) Under 65—chronic sick	...	...	267
(iii) Under 65—Mentally disordered	...	...	22
(iv) Maternity Cases	...	...	362
(v) Others	...	...	290

At the 31st December, 1966, the Authority were employing approximately 1,000 part-time and 70 full-time Domestic Helps and 13 Domestic Help Organisers.

Recruitment of an adequate number of Domestic Helps of the calibre suited to this particular type of work is a continuing problem, particularly in rural areas. The large number of part-time Helps employed is accounted for by the fact that many women find the hours convenient to their family and other commitments.

A scheme is shortly to be introduced in an attempt to overcome the difficulty of providing Domestic Helps in rural areas. This will involve the granting of car allowances to Helps who are prepared to travel to cases requiring assistance in outlying rural areas.

The main recruiting problem in urban areas is the competition for female labour from industry where very often the wages that can be earned are far greater than the wages of a Domestic Help.

As in previous years the Authority sponsored one Domestic Help Organiser to attend the annual Week-End School of the Institute of Domestic Help Organisers, which was held at Brighton. The person who attended reported that she found the school beneficial and gained a great deal of useful practical and theoretical knowledge.

HEALTH EDUCATION

The Health Education Programme is continuing to make progress although there is some resistance, which appears to result from a genuine lack of understanding of the principles and functions of health education. One of the tasks of the Health Education team must be to correct any misconception on the one hand and guide staff over the initial hurdle of group teaching with active support and encouragement on the other. This is a continuing policy which is carried out by personal contact and by making every effort to assist the staff in any way possible.

As every opportunity must be taken to press the importance of health education, it is useful to mention briefly some of the aims of health education through the medium of this report.

A gradual change in the community's approach towards mental ill-health and the mentally handicapped is becoming apparent. The community is developing a more tolerant and understanding attitude, although much still remains to be done in this field. Recently a national magazine would not consider publishing a delightful picture of a mentally handicapped child which was to accompany an article on the Mental Health Exhibition held at the County Show because the person responsible "Didn't want to publish a picture like that". Health education in liaison with the Mental Health Team can do much to alleviate this type of thinking in the community.

The deaths from lung cancer have continued to rise over the years. In 1963 the national figure was 24,434 and in 1965 26,398. Cigarette smoking is the most important single cause of lung cancer and the death rate will continue to rise until more people accept this fact and act upon it.

One of the commonest causes of death to-day is coronary thrombosis, the incidence of which continues to rise each year. One must not, of course, see this only as a statistical figure but consider the effect it has on the family. So often it is the "breadwinner" who is struck down in the prime of life, with the family then left to carry on without, probably, its principal support. The young children may be deprived of a father who may have played such a major part in guiding them through the emotional upheaval of adolescence; the wife, who may have reached the stage where there was perhaps an easing of the financial burden, being required to struggle again with financial problems.

There is no doubt that overweight and lack of exercise are the two most important environmental factors in the causation of coronary thrombosis. It is not widely known that if a man's waist measurement exceeds that of his unexpanded chest, an insurance company will rarely accept him at the ordinary premium.

Great publicity is afforded road accidents but not, it seems, so much to those occurring in the home. The death rate for home accidents

is nearly as high as those for the road, and more publicity to this hazard must be given. The majority of such accidents are caused through carelessness and ignorance and it is just as important to draw the attention of the community to this major hazard in our lives as it is to publicise the dangers of the motor vehicle. It is encouraging to note that in this field publicity seems to be having a certain amount of effect as the reduction in deaths in 1965 over 1964 was 181.

The shocking state of children's teeth needs to be emphasised continually. A high state of dental health requires a change of attitude in the community and this will only become apparent over a period of years. The effects of dental health education are gradually being seen as young children are becoming more "tooth conscious", but dental health must, particularly in schools, be a continuous policy.

A vast amount of publicity has been given recently to the activities of youth, i.e., drugs, hooliganism, promiscuity, etc., and health education can play a very large part in guiding the youngster to develop into a mature person, seeing his responsibility to himself and the community. It is pleasing to report that in Staffordshire a planned programme in schools has been established for over two years and this has now been developed with the co-operation of the County Youth Officer to include the youth clubs.

These are some of the problems which are in evidence in the society to-day and which can only be tackled by effective health education.

STAFF

The improvement in the staffing position referred to in the 1965 report has unfortunately not been maintained. The Deputy left to take an improved position outside local government and three assistants left to take up other posts, two in higher positions. Difficulty is being experienced in finding suitable applicants to fill the vacant posts. At the time of writing, April, 1967, two posts have still not been filled after repeated advertising. As a result of the staffing difficulty the actual establishment was 2.75 lecturing staff below the total of 8, and, in addition, the Technical Assistant was off duty through illness for six months of the year. Despite the staffing problems it is satisfying to report that through the efforts of the remaining staff the formulated policy continued to make progress.

HEALTH VISITING

At the 31st December, 1966, the number of Health Visitors employed was 105 full-time and 5 part-time. In addition there were 11 nurses holding the combined post of District-Nurse/Midwife/Health Visitor. The staff establishment is reviewed annually and the establishment at the end of the year was 146. The number of vacancies is a constant problem and although the number of Health Visitor Students joining the staff each year goes some way towards meeting the problem, normal wastage through retirements and resignations means that very little improvement is made overall.

With this in mind the County Council, in conjunction with the City of Stoke-on-Trent, have made arrangements with the University of Keele for a Health Visitors' Training Course to be organised by the University with direct sponsorship of candidates by the two local authorities. It is

hoped that the additional advantages of University training will appeal to a wider range of prospective candidates and result in a larger number of students of a higher calibre wishing to undertake training. The first Course will commence next year and it will be interesting to see to what extent it succeeds.

The policy of sending Health Visitors on refresher and other types of Courses at regular intervals has continued and during the year, four attended refresher Courses, one a Hearing Testing Course, and six of the more senior Health Visitors, a Fieldwork Instructors Course, the last being connected with the proposed Training Course at Keele University.

Various national surveys have been undertaken by members of the Health Visiting staff.

The following are the statistics relating to the Health Visiting Service during 1966. These include visits made during the first three months of the year to cases who became the responsibility of other authorities on the 1st April, 1966, following the major boundary changes.

Visits to Expectant Mothers

First visits	...	...	...	...	...	3,526
Total visits	...	...	...	...	...	4,972

Visits to Infants under one year

First visits	...	...	...	...	...	14,351
Total visits	...	...	...	...	...	52,873

Total visits to children aged 1 year and under 2 years	39,444
Total visits to children aged 2 years and under 5 years	56,071

	Cases visited by Health Visitors	No. of cases
1	Children born in 1966	18,224
2	Children born in 1965	17,346
3	Children born in 1961-64	25,857
4	Total number of children in lines 1—3	61,427
5	Persons aged 65 or over	4,975
6	Number included in line 5 who were visited at the special request of a General Practitioner or hospital	1,285
7	Mentally disordered persons	106
8	Number included in line 7 who were visited at the special request of a General Practitioner or hospital	49
9	Persons excluding maternity cases discharged from hospital (other than Mental Hospitals)	485
10	Number included in line 9 who were visited at the special request of a General Practitioner or hospital	465
11	Number of tuberculosis households visited	310
12	Number of households visited on account of other infectious diseases	456
13	Number of tuberculosis households visited by Tuberculosis Visitors	580

HOME NURSING SERVICE

At the 31st December, 1966, there were 75 whole time General Nurses together with 63 part-time General Nurses, 44 of these being also domiciliary midwives and 11 district nurse/midwives with part-time health visiting duties.

Supervision is exercised by four Area Nursing Officers and their Deputies who also have supervisory responsibility for midwifery and health visiting staff.

The combined appointment of District Nurse and Midwife or Health Visitor are made in those rural districts where the widely dispersed population makes it impossible to separate general nursing from midwifery work without creating districts too large to be practicable for either service. Unfortunately, such posts have become increasingly difficult to fill and re-distribution of work is becoming necessary.

As opposed to the midwifery and health visiting service, there is little difficulty in filling district nurse vacancies.

In the figure of 75 whole-time General Nurses mentioned above are included 5 male nurses who are responsible for the nursing of patients who could be more appropriately nursed by a male nurse together with heavy cases.

The greatest call upon the district nursing service is nursing of the chronic sick. The home nursing service is adequately equipped to deal with many of the patients who are at present recalled to hospital for such procedures as the removal of stitches. Hospital care and long journeys to outpatients clinics are, of course, far more expensive than home visits by the district nurse as well as being disturbing to the patients.

A pilot scheme was introduced in Newcastle-under-Lyme whereby two bathing attendants were employed to help the District Nurses. The scheme appears to be satisfactory but it is not proposed to extend it further as it is only suitable for a densely populated area.

Disposable syringes, gloves and hospital under-pads have continued to be issued to the nursing staff and are much appreciated by all concerned.

The policy of sending nurses employed on the district for special training has continued, 4 having been trained and received the certificate of proficiency approved by the Ministry of Health.

The following tables show some general statistics relating to the Home Nursing Service. The figures do not include nursing assistance provided in the parts of the Administrative County that were transferred to other authorities on the 1st April, 1966. Having regard to the total loss of population as a result of the boundary changes, it would be misleading to make comparisons with statistics for previous years. For 1966 it is also difficult to point out any definite trends in the service that come to light through the comparison of statistics.

Analysis of New Cases Nursed during the Year

Condition	Age 0-4	Age 5-15	Age 16-64	65 and over	Total
Tuberculosis	—	1	86	12	99
Other infectious diseases	8	5	14	9	36
Diseases of the blood	1	—	233	339	573
Diseases of the heart	2	1	101	380	484
Cerebral Haemorrhage and thrombosis	1	—	104	576	681
Other circulatory diseases	—	1	51	82	134
Respiratory diseases other than tuberculosis	103	18	171	322	614
Diseases of ear or nose and throat	44	42	60	10	156
Eye conditions	8	2	10	17	37
Dental conditions	10	2	6	2	20
Gynaecological conditions	—	—	110	173	283
Genito-urinary	2	2	54	130	188
Diseases of bones, joints and muscles	4	2	132	197	335
Diseases of digestive system	37	20	150	204	411
Diabetes	5	5	56	119	185
Parasitic conditions (worms, lice, etc.)	3	4	6	4	17
New growths	1	1	237	269	508
Senility	—	—	8	552	560
Diseases of skin and subcutaneous tissues	23	8	104	154	289
Mental and nervous conditions	2	1	41	44	88
Injuries	18	35	138	118	309
Burns and scalds	42	12	56	45	155
Sepsis	9	13	84	59	165
Post operative	17	46	547	249	859
Complication of pregnancy or puerperium	3	—	220	2	225
Other conditions	44	22	188	166	420
Totals	387	251	2,976	4,228	7,842

Number of Treatments

Type of Case	Total number of treatments given in <i>all cases</i> —old and new—during the year ended 31st December, 1966.
General Nursing	104,029
Dressings	56,534
Observation of Patient	14,112
Enemas	3,188
Changing of Pessaries	919
Washouts, douches and catheterisation	10,238
Preparation for diagnostic investigations	318
Injections—antibiotics	8,659
Other injections	57,631
Other treatments	6,446

Visits

- (a) Total number of visits made 234,951
- (b) Number of patients who would have
required admission to hospital if a Home
Nursing Service had not been available.
- i. Acute 1,499
- ii. Chronic 1,667

SUPPLY OF INCONTINENCE PADS

In 1961 a pilot scheme was introduced to assess the value of incontinence pads in certain patients under the care of the Domiciliary Nurses. This indicated that these pads were of great value in enabling difficult cases to be nursed at home and in 1962 arrangements were made for them to be supplied to any case under the care of the Home Nurse.

Ministry of Health Circular 14/63 desired local authorities to make this service available to patients other than those cared for by the Home Nurse. Arrangements were therefore made for the Area Medical Officer's to supply incontinence pads to such cases, providing that they were satisfied that the need was genuine and that there would be no excessive or abnormal use of the pads.

Methods of disposal vary in different parts of the County. In some cases the District Council makes special collections for incineration, while in others they are collected with ordinary refuse. In both cases they are placed in wet strength paper sacks before being offered for disposal.

During 1966, 117,000 pads were supplied to cases of all types within the Administrative County.

In Circular 14/66 the Ministry of Health pointed out that some people who are incontinent by day but are not confined to bed need protective clothing in the form of waterproof pants or knickers with disposable linings. As for the supply of incontinence pads, the Ministry recommends that it is not necessary to restrict the provision of waterproof pants and interliners to persons already receiving home nursing and suggested that all local health authorities do provide such nursing aids to people who would benefit from them.

As at 31st December, 1966, a scheme for the provision of waterproof pants and interliners was receiving consideration.

MATERNAL MORTALITY

Statistics provided by the Registrar General show that there were five deaths under the heading of Pregnancy, Childbirth, Abortion, all of which occurred in hospital.

Each of these deaths was investigated in accordance with the procedure laid down by the Ministry of Health.

The following table gives similar information since 1950:—

Year	No. of Deaths	Deaths Occurred	
		In Hospital	At Home
1950 ..	13	11	2
1951 ..	9	8	1
1952 ..	13	10	3
1953 ..	15	13	2
1954 ..	8	8	—
1955 ..	7	6	1
1956 ..	16	15	1
1957 ..	8	7	1
1958 ..	8	7	1
1959 ..	7	5	2
1960 ..	8	7	1
1961 ..	4	4	—
1962 ..	11	9	2
1963 ..	7	4	3
1964 ..	6	4	2
1965 ..	2	1	1

MEDICAL ASSESSMENTS AND MEDICAL REPORTS

This branch of the work of the Department is concerned with:—

- (a) medical assessments of candidates appointed to the Council's service and their fitness for entrance into the superannuation and for sickness pay schemes.
- (b) medical reports on staff at the request of employing committees.
- (c) driving licence referrals on medical grounds.

MEDICAL ASSESSMENTS

In December, 1965, a new scheme was introduced which necessitates the completion of a medical questionnaire by all candidates, other than those where physical fitness is a prime factor, such as ambulance drivers and firemen. This system has now been operating for just over a year and on reflection has well justified its introduction. A considerable saving in medical time has been achieved although the amount of time spent on the assessments by administrative staff has increased considerably.

The number of candidates who completed questionnaires during the year was 2,083 and of these some 406 were required to undergo medical examinations as a result of the information given. The latter figure is a rather higher proportion of the total assessments than originally anticipated but is probably attributable to the justifiable caution of the assessing staff in their desire to protect the Superannuation Fund.

The majority of cases referred for medical examination were on account of obesity and this is somewhat alarming, although it only goes to underline what medical statistics have been indicating for some time.

During the year the County Council decided that freedom from infection examinations, which were previously arranged for School Meals employees only, should be extended to include all kitchen staff employed by all Committees.

STATISTICS

A total number of 2,487 candidates were referred for screening. Of these, 2,083 completed a medical questionnaire, the other 404 either undergoing a chest X-ray examination only, or undergoing a full medical examination in the first instance. This latter number undergoing a full medical examination includes twenty-seven examinations carried out for other authorities, and 99 men were examined under the Firemen's Pension Scheme Order. Five firemen were also examined for fitness for Outward Bound Courses.

Of those applicants who completed a medical questionnaire in the first instance, 406 underwent a medical examination as a result of information given on the questionnaire. The total number of medical examinations carried out was 780, 143 were carried out by General Practitioners and 637 by the Assistant County Medical Officers.

Thirty-nine applicants underwent a shortened freedom from infection examination on Form A, in view of their proposed contact with food, 32 being carried out by Assistant County Medical Officers and seven by General Practitioners. In addition eight vision tests were carried out.

The number of candidates who underwent a chest X-ray examination was 1,307. Most of these were carried out through the Mass Radiography Service.

The results of the screening were as follows:—

No. of candidates found fit to be included in the Superannuation and Sickness Pay Schemes ...	2,264
No. of candidates included in above figure found fit apart from minor defects ...	32
No. of candidates found fit for work but not for inclusion within the superannuation or sickness pay schemes or both ...	56
No. of candidates rejected ...	7

Further enquiries were necessary in 342 cases and 128 cases were not completed because the applicants withdrew from their posts before enquiries could be made.

A total number of 90 employees in children's homes underwent an annual re-X-ray.

TEMPORARY OR PERMANENT NON-SUPERANNUABLE EMPLOYEES IN THE SCHOOL MEALS SERVICE

In the School Meals Service 1,031 employees underwent a freedom from infection examination (form A); 974 employees underwent a routine chest X-ray examination.

MEDICAL REPORTS ON STAFF

These are carried out at the request of employing Committees and are usually because of prolonged absences through sickness, their failure to perform efficiently the duties of their posts, or their retirement on medical grounds where the question of gratuities or breakdown pensions require consideration. Roadmen employed by the Council are dealt with as a separate issue because of an agreement with the Workmen's Joint Advisory Committee. This provides that when a roads employee is away from duty owing to sickness for more than a total of six weeks in any period of twelve consecutive calendar months he can be required at the discretion of the County Council, to undergo an independent medical examination. These cases are referred to the Department immediately the six weeks period has elapsed and enquiries are then initiated.

The number of cases in these various categories were as follows:—

Sickness of Roadmen ...	111
Sickness of other staff ...	24
Superannuation, gratuities, etc. ...	40

It is a general requirement of the County Council that the payment of sick pay beyond three days is conditional upon production of appropriate medical certificates as evidence of the sickness of the employee concerned. Difficulty was experienced during the year in this connection with non-insured persons because certain doctors refused to issue private medical certificates to non-insured patients, even on payment. Consequently the employees concerned could not be paid sickness allowance. In fairness to these employees a scheme was devised to meet this contingency whereby a form of medical questionnaire was completed by the person concerned and if the answers were satisfactory from my point of view sick pay would then be paid for a limited period based on my recommendation. Provision was also made for an independent medical examination to be undertaken where I considered it to be necessary. Eight questionnaires were considered during the year.

DRIVING LICENCES

The number of driving licence cases referred to the Department was 81. These cases are referred for a medical opinion whether or not the applicants could be considered to be of poor eyesight, epileptic, or liable to sudden attacks of disabling giddiness or fainting, thus causing the driving of a vehicle by them to be a source of danger to the public.

Referrals of this nature have tended to increase steadily over recent years, no doubt due entirely to the large increase in persons wishing to drive.

MENTAL HEALTH SERVICE

ADMINISTRATION

The Mental Health Sub-Committee (of the Health Committee) deals with the functions of the County Council relating to the Mental Health Service, the recommendations of the Sub-Committee being subject to the approval of the Health Committee and the County Council.

The Mental Health Section of the County Health Department administers both the mental health and child guidance services under the medical direction of the Principal Medical Officer for Mental Health (qualifications M.R.C.S. (Eng.), L.R.C.P. (Lond.)). The senior administrative assistant is the County Mental Welfare Officer (D.P.A.).

At the end of the year under review the field staff was as follows:—

(a) *Mental Health*: 3 Senior Mental Welfare Officers and 11 Mental Welfare Officers of whom 5 are qualified by length of service as defined in the Younghusband Report. This includes 2 at present seconded to Younghusband Courses. There were two vacancies at 31.12.66 (not included in the above figure).

(b) *Child Guidance*: 2 full-time Psychiatric Social Workers (one of whom is qualified) and 4 part-time (12 sessions per week qualified and 6 sessions per week unqualified).

In addition there was one Senior Casework Supervisor (qualified Psychiatric Social Worker) in charge of one of the Mental Health Centres covering the areas into which the County is divided for mental health purposes. There were two Senior Casework Supervisor posts vacant and 3 vacancies also existed for Casework Supervisors, one at each Mental Health Centre. The Casework Supervisors undertake some field work and supervise the general casework within their respective areas. They are also responsible for the day-to-day management and administration of the Centres, seeking to promote and integrate the mental health and child guidance work within their area.

(c) *Training Centres*

(i) Supervisors: 7 (5 qualified).

(ii) Instructors (at Adult Centres) 23, including deputies (one qualified).

(iii) Assistant Supervisors (at Junior Centres): 29 including deputies (8 qualified).

TRAINING CENTRES

The Training Centres are listed below setting out the numbers of trainees on roll:—

JUNIOR CENTRES				ADULT CENTRES			
<i>No. of Trainees on roll</i>				<i>No. of Trainees on roll</i>			
Cannock	...	...	73	Leek	...	...	36
Cannock (Adult Annexe)	...	...	30	Newcastle	...	...	78
Leek	...	...	34	Stafford	...	...	55
Lichfield (Mixed)	...	...	55				
Newcastle	...	...	57				
Stafford	...	...	41				

				<i>Home Teachers</i>			
No. of Trainees	...	14		(8 covered by the Home Teacher in the north of the County where there is no Adult Training Centre within easy travelling distance, plus 6 juniors taught by Education Department teaching staff).			
Total in above Table		473					

There were 10 out-county persons attending Staffordshire Training Centres and these are not included in the above figures.

At the end of 1966 some Staffordshire mentally subnormal adults and children were attending Training Centres of other local authorities by special arrangement. The numbers involved are shown in the following table:—

<i>Local Authority</i>	<i>Training Centre</i>	<i>Adults</i>	<i>Juniors</i>
Walsall C.B.	Shepwell Green	12	—
” ”	Brewer Street	3	—
Wolverhampton C.B.	Oxley	4	5
” ”	Waterloo Road	—	8
” ”	Bilston	—	1
Burton-on-Trent C.B.	Anglesey Road	3	4
Dudley C.B.	Audnam	5	—
Smethwick C.B.	Albert Bradford	3	—
Warwickshire C.C.	Blythe	—	8
Stoke-on-Trent C.B.	Chell Heath	—	3
” ”	Shelton	8	—
Sutton Coldfield C.B.	Longmoor	—	6
Warley C.B.	Tividale	—	6
West Bromwich C.B.	West Bromwich	1	—
		39	41
TOTAL ...		80	

The number of Staffordshire children and adults receiving training is therefore 553, a decrease of 228 over the previous year's figure as a result of the boundary changes. There remain small waiting lists at most of the Junior Centres, and some further building for juniors is included in the ten-year building programme, plus the replacement of the Junior Centre in Lichfield. Plans for building more adult centres are also well advanced in addition to the temporary Adult Training Centre in Cannock and the new Adult Centre in Lichfield due to open in the middle of 1967.

The number of children on the waiting list for training was 17 at the end of the year, and the adult waiting list was 6 although this does not by any means represent the full number of adults within the community who will eventually be provided with places.

The annual holidays for the training centre children and adults at Tan-y-Bryn were again most successful. In all, 636 mentally handicapped persons from training centres had one week's holiday during the summer months. These were accompanied by 121 members of the training centre staff who worked with the staff of the Home to give their charges an enjoyable holiday. In addition, two parties of unaccompanied mentally handicapped adults (49 in all), one party of children attending child guidance clinics for treatment (38) and two Homes for the elderly (50 residents) were accommodated at the Home during the summer. All children under 16 years of age are accommodated free of charge, whilst each adult is required to contribute towards the board and lodging an amount based on personal income and outgoings.

The County Council, with assistance from the Voluntary Committee attached to the Home, have continued with the programme of improvements to the facilities provided.

VOLUNTARY WORK IN THE MENTAL HEALTH FIELD

The growing number of hostels, training centres, etc. for the mentally disordered continues to provide increasing scope for voluntary service. The Staffordshire Association for Mental Welfare has local voluntary committees, the members of which take an interest in County Council mental health establishments. There is more emphasis each year on the giving of personal service, such as visiting the friendless residents, additional help with outings from the training centres, the organisation of social evenings, etc. The voluntary committee raise funds for additional amenities, approximately £3,960 being raised by the Staffordshire Association mainly through its local committees, during 1966-67. The Association's voluntary committee at Colwyn Bay continues to act as a very valuable link between the Tan-y-Bryn Holiday Home and the town. Of special note is the extremely well-organised and full programme of entertainment arranged by the Tan-y-Bryn voluntary committee for the residents during the Christmas period.

All the money raised by the voluntary committee is used for the direct benefit of the mentally disordered as the entire cost of the Association's administrative expenses is met by the County Council's annual grant.

The Association's Secretary, Mr. W. D. F. Foden, will be pleased to supply further information about the Association's work, and a copy of the last Annual Report to anyone interested. The address is 13 Lichfield Road, Stafford.

TRAINING

(a) *Full-time Courses to which Staff were seconded during 1966.*

Course	No. of Staff	Designation	Notes
N.A.M.H. Diploma Course (Juniors) at Bristol (2-year 1964 to July 1966)	2	Assistant Supervisors	One transferred to Warley C.B. 1.4.66; One obtained qualification
N.A.M.H. Diploma Course (Adults) at Birmingham (1-year 1965—July 1966)	3	Instructors	One transferred to Walsall C.B.; two to Dudley C.B. 1.4.66
N.A.M.H. Diploma Course (Juniors) at Sheffield (1-year 1965—July 1966)	1	Assistant Supervisor	Obtained qualification
N.A.M.H. Diploma Course (Juniors) at Bristol (2-year 1965—July 1967)	2	Assistant Supervisors	Course continuing
Diploma Course (Adults) at Bilston College of Further Education (1-year Jan. 1966 to Dec. 1966)	4	Instructors	One transferred to Wolverhampton C.B.; one transferred to Warley C.B. 1.4.66; two obtained qualification
Diploma Course (Adults) at Bilston College of Further Education (1-year 1966—July 1967)	1	Assistant Supervisor	Course continuing
N.A.M.H. Diploma Course (Juniors) at Bristol (2-year 1966—July 1968)	2	Assistant Supervisors	Course continuing
N.A.M.H. Diploma Course (Juniors) at Sheffield (1-year 1966—July 1967)	1	Assistant Supervisor	Course continuing
N.A.M.H. Diploma Course (Adults) at Birmingham (1-year 1966—July 1967)	3	Instructors	Course continuing
Certificate in Social Work Course at Birmingham (2-year 1965—July 1967)	1	Mental Welfare Officer	Course continuing
Certificate in Social Work Course at Manchester (1-year 1966—July 1967)	1	Mental Welfare Officer	Course continuing
Mental Health Course at London School of Economics (1-year 1966—July 1967)	1	Social Worker	Course continuing

(b) *County Training Scheme for Training Centre Staff.*

The County Training Scheme follows closely the recommendation of the Scott Report to the effect that local authorities should establish training schemes for school leavers between the ages of sixteen and eighteen years.

Students are eligible for promotion to Assistant Supervisor posts during the third or fourth year of training (i.e. while they are absent on the Diploma Course). The period of the Diploma Course is included in the four-year period of the County Scheme.

(c) *Annual Refresher Course*

The Annual Refresher Course for teachers of the mentally handicapped was held for the fifth year in succession at Nelson Hall, near Stafford. The Course was for four days from 4th to 7th April, and was officially opened by the Vice-Chairman of the Health Committee, Mr. G. McEvoy. The number of students attending was 135 of whom 93 were from local authorities other than Staffordshire. The reason for the increase in the numbers of out-County students than in previous years

is that Staffordshire lost four Training Centres due to Boundary changes, but the new Borough Authorities permitted the staff to attend.

Many practical sessions were provided, with a wide choice of subjects and visits of observation to hospitals and training centres.

The continued popularity of the Course owes much to the comfortable accommodation, good food and cordiality of the staff of the college.

(d) *Short Courses*

Staff in the Mental Health and Child Guidance Service are encouraged to attend short courses and conferences relevant to their work, grants towards expenses being paid by the Authority.

DEVELOPMENT OF THE SERVICE DURING 1966

The opening of new establishments during the year and the effect of the Boundary Changes at 1st April, 1966, are shown in the following table:—

Name and Address of Establishment	Description of Premises	Date opened	No. of places taken by 31.12.66
Adult Training Centre, Buxton Road, Leek	For mentally handicapped adults (50 places)	25.4.66	—
Adult Hostel, Springhill, Mount Road, Leek	For mentally handicapped adults (20 places)	25.3.66	—
Extensions to: Newcastle Adult Training Centre, Milehouse Lane, Newcastle	For mentally handicapped adults (to provide paint-spraying and concrete-making facilities) (adding 15 new places making 75)	18.5.66	—
Shepwell Green Adult Training Centre and Hillfield Hostel, Willenhall	For mentally handicapped adults (60 and 20 places)	Transferred to Walsall C.B. 1.4.66	—
Tividale Junior Training Centre Tividale	For mentally handicapped children (70 places)	Transferred to Warley C.B. 1.4.66	—
Bilston Junior Training Centre, Bilston	For mentally handicapped children (60 places)	Transferred to Wolverhampton C.B. 1.4.66	—
Audnam Adult Training Centre, Wordsley	For mentally handicapped adults (60 places)	Transferred to Dudley C.B. 1.4.66	—
Sedgley Mental Health Centre	Area Office accommodation	do.	—

The building construction work to provide Junior and Adult Hostels and an Adult Training Centre at Lichfield was well under way by the end of 1966, and it was hoped to open these premises early in 1967. Arrangements were also well in hand to open Adult Training Centre accommodation in Cannock in rented premises pending the future provision of a permanent building.

Staffing difficulties have again been experienced particularly in the Hostels—a problem which will become increasingly acute as more residential establishments are opened throughout the country. It is not always possible, owing to staff shortages, to maintain the Homes and Hostels at full capacity.

WORK UNDERTAKEN IN THE COMMUNITY

New Cases:

Particulars of new cases reported to the Local Health Authority during 1966 are given below. These are shown under each of the four categories laid down by the Mental Health Act, 1959:—

Referred by	Mentally Ill		Psycho-pathic		Sub-normal		Severely Subnormal		Grand Total
	M	F	M	F	M	F	M	F	
(A) General Practitioners:									
(1) Under 16 years of age ..	2	6	—	—	—	1	1	1	} 541
(2) Aged 16 years and over ..	210	311	2	1	2	1	2	1	
(B) Hospitals (after in-patient treatment):									
(1) Under 16 years of age ..	—	2	—	—	—	—	—	—	} 538
(2) Aged 16 years and over ..	195	329	3	4	1	1	2	1	
(C) Hospitals (after or during out-patient or day treatment):									
(1) Under 16 years of age ..	—	1	—	—	—	1	—	—	} 202
(2) Aged 16 years and over ..	85	110	2	1	—	—	1	1	
(D) Local Education Authority:									
(1) Under 16 years of age ..	—	—	—	—	4	3	8	5	} 55
(2) Aged 16 years and over ..	1	—	—	—	20	13	1	—	
(E) Police and Courts:									
(1) Under 16 years of age ..	—	—	—	—	—	—	1	—	} 94
(2) Aged 16 years and over ..	59	30	—	—	1	1	2	—	
(F) Other Sources:									
(1) Under 16 years of age ..	2	2	—	—	3	8	16	11	} 414
(2) Aged 16 years and over ..	152	180	3	2	7	5	10	13	
TOTAL ..									1,844

Community Care

In addition to the 552 persons actually receiving training and the 23 on waiting lists for the Training Centres, many other mentally disturbed or mentally subnormal persons living within the community were being visited by the Mental Welfare staff. The extent of the community care provided by the Local Health Authority during the period under review can be seen in the following table which gives the numbers receiving care at 31st December, 1966.

	Mentally Ill		Elderly Mentally Infirm		Psycho-pathic		Sub-normal		Severely Sub-normal		Total
	M	F	M	F	M	F	M	F	M	F	
(A) Receiving training in Training Centre:											
(1) Under 16 years of age ..	—	—	—	—	—	—	4	3	155	147	} 552
(2) Aged 16 years and over	—	—	—	—	—	—	30	76	144	95	
(B) Awaiting entry thereto:											
(1) Under 16 years of age ..	—	—	—	—	—	—	—	—	7	10	} 23
(2) Aged 16 years and over	—	—	—	—	—	—	—	1	1	4	
(C) Receiving Home Training:											
(1) Under 16 years of age ..	—	—	—	—	—	—	—	—	4	2	} 14
(2) Aged 16 years and over	—	—	—	—	—	—	—	—	3	5	
(D) Awaiting Home Training:											
(1) Under 16 years of age ..	—	—	—	—	—	—	—	—	—	—	—
(2) Aged 16 years and over	—	—	—	—	—	—	—	—	—	—	
(E) Resident in L.A. Home/Hostel:											
(1) Under 16 years of age ..	—	—	—	—	—	—	—	—	14	16	} 146
(2) Aged 16 years and over	10	9	16	32	—	—	13	12	13	11	
(F) Awaiting residence therein:											
(1) Under 16 years of age ..	—	—	—	—	—	—	—	—	7	5	} 24
(2) Aged 16 years and over	1	—	—	—	—	—	—	—	7	4	
(G) Resident at L.A. Expense in other Homes/Hostels:											
(1) Under 16 years of age ..	—	—	—	—	—	—	—	—	—	—	} 2
(2) Aged 16 years and over	—	—	—	—	—	—	—	—	—	2	
(H) Resident at L.A. Expense in private household:											
(1) Under 16 years of age ..	—	—	—	—	—	—	—	—	—	—	} 1
(2) Aged 16 years and over	—	—	—	—	—	—	—	—	1	—	
(I) Attending Day Hospitals:											
(1) Under 16 years of age ..	—	—	—	—	—	—	—	—	2	1	} 3
(2) Aged 16 years and over	—	—	—	—	—	—	—	—	—	—	
(J) Receiving home visits and not included in (A) to (H) above:											
(1) Under 16 years of age ..	1	1	—	—	—	—	3	9	23	19	} 786
(2) Aged 16 years and over	137	214	29	56	2	1	95	87	55	54	
(K) Totals:											
(1) Under 16 years of age ..	1	1	—	—	—	—	4	12	192	153	} 1,481
(2) Aged 16 years and over	148	223	45	88	2	1	134	104	206	167	

For the majority of mentally subnormal children and adults regular visits by the Mental Health Staff experienced in the work who can advise wisely when difficulties arise, are sufficient. Those admitted to the Training Centres gain benefit and happiness from the friendly school atmosphere, and the majority can remain living at their own homes. The Hostels which have now been opened in conjunction with Training Centres are all full to capacity during term-time. These are mainly mentally subnormal persons who live too far from the Training Centre to otherwise attend or they have unsuitable home backgrounds. Many go home for the weekends and the Centre holidays.

Other mentally handicapped persons living in the community are able to work and ready assistance is given to the Social Workers by officers of the Ministry of Labour in placing them in suitable employment. The Ministry of Social Security comes to the aid of those who are unemployable.

At 31st December, 1966, there were three subnormal persons under statutory guardianship:—

Under Guardianship	Under 16 years of age		Aged 16 years and over	
	M.	F.	M.	F.
(a) of L.H.A.	1	—	2*	—
(b) of persons other than L.H.A.	—	—	—	—

*Including one Newcastle Borough case.
All receive regular visits and two attend Training Centre.

Hospital Care

Admission of persons to hospitals for the mentally subnormal under provisions of the Mental Health Act, 1959, made during the year:—

Informal admissions	...	...	...	13
Section 26	...	...	...	4
Section 29	...	...	...	1
Section 60	...	...	...	2

The following table indicates the extent of temporary residential care provided during 1966 and the state of the hospital waiting list at the end of the year:—

	Mentally III		Psycho- pathic		Subnormal		Severely Subnormal		Total
	M	F	M	F	M	F	M	F	
Number of persons in L.H.A. area awaiting admission to hospital at 31.12.66:									
(A) In urgent need of hospital care:									
(1) Under 16 years of age ..	—	—	—	—	—	—	5	2	} 9
(2) Aged 16 years and over ..	—	—	—	—	—	—	—	2	
(B) Not in urgent need of hospital care:									
(1) Under 16 years of age ..	—	—	—	—	—	—	3	2	} 11
(2) Aged 16 years and over ..	—	—	—	—	—	—	3	3	
Number of admissions for temporary residential care during 1966:									
(A) to N.H.S. Hospitals:									
(1) Under 16 years of age ..	—	—	—	—	—	—	5	1	} 13
(2) Aged 16 years and over ..	—	—	—	—	—	—	4	3	
(B) to L.H.A. residential accommodation:									
(1) Under 16 years of age ..	—	—	—	—	2	3	18	19	} 102
(2) Aged 16 years and over ..	—	—	—	—	8	8	20	24	
(C) Elsewhere:									
(1) Under 16 years of age ..	—	—	—	—	—	—	—	1	} 1
(2) Aged 16 years and over ..	—	—	—	—	—	—	—	—	

THE MENTAL HEALTH CENTRES

Following the Boundary changes the Administrative County is divided into three areas each with a little over 200,000 population. Each area is administered in day-to-day matters by a Mental Health Centre.

These Centres provide a focal point for all aspects of mental health for each area, and in addition to the services provided as amplified in the tables above, as the experience of staff widens and additional qualified personnel become available, so the Centres are becoming increasingly recognised as agencies willing to offer skilled help and advice on the emotional problems of living. These may be marital problems, delinquency, unemployment, etc. without marked psychiatric content but where disturbed inter-personal relationships are complicating features.

The statistics which are collected from time to time (some of which are included in this report) all show a general increase in the amount of work done within the community from the Mental Health Centres. The number of supportive home visits which the Mental Welfare Staff have been able to make has increased steadily over the past few years, and there are indications in several parts of the County of the benefits of this progress in effective preventive work and a corresponding lowering in the numbers of patients admitted to hospitals for the mentally ill and the subnormal. In other areas shortage of staff has temporarily slowed down this momentum.

Subnormality clinics held in collaboration with the staff of the Regional Hospital Board have continued. These are diagnostic and advisory clinics for mentally subnormal children, adults and their families. The clinics held at Stafford are at two-monthly intervals and are staffed by Stallington Hospital staff. Occasional clinics are held at Kingswinford as required, staffed by St. Margaret's Hospital staff, who also provide similar facilities in Cannock if necessary.

The Social Club in Lichfield has continued and plans are in hand for further experiments in this field.

THE FUTURE

It is still proving very difficult to obtain sites for many of the projects on the ten-year Building Programme which was originally planned five years ago. Although several projects had been brought forward from previous years to be added to those already on the list for 1966/67, it was only possible to commence work on the site of one of the proposed establishments by December, 1966. Once again it will be necessary to defer many of the projects until future years. The first essential is to press forward with the provision of Training Centres and Hostels for the Mentally Subnormal, and also the Special Care Units for which there is a known need in the community.

MIDWIVES' SERVICE

The following are particulars of the midwives practising at the end of 1966:—

Number of midwives employed by the Authority	...	147
Number of midwives in private practice (including midwives employed in Nursing Homes):		
Domiciliary	... ..	1
Nursing Homes	... ..	1
Number of midwives employed by Hospital Management Committees	... ..	52

The following table shows the number of cases dealt with by the midwives in the area of the Local Supervising Authority during the year:—

Deliveries attended by Domiciliary Midwives during the year (including deliveries in areas that were transferred to other Authorities on the 1.4.66.)

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospital and other institutions but discharged and attended by domiciliary midwives before the 10th day
Doctor not booked	Doctor booked	Total	
414	4,979	5,393	8,387

Particulars of deliveries by Midwives for the last 27 years are given in the table below:—

Year	*No. of deliveries by Midwives	Medical Aid Notices	Still-births	Death of Mother	Death of Child	Contact with Infection	Laying out the Dead	Artificial Feeding
1940	8,714	3,822	206	8	176	157	31	253
1941	9,101	3,966	220	8	187	151	38	280
1942	9,325	3,811	214	7	161	118	28	331
1943	9,190	3,546	172	3	159	125	17	374
1944	9,136	3,482	143	8	181	108	21	484
1945	8,159	3,259	133	8	119	113	14	460
1946	8,526	3,248	164	5	151	94	22	474
1947	9,375	3,358	167	4	127	125	18	568
1948	8,071	3,375	199	5	130	87	20	728
1949	6,520	1,767	146	5	81	82	21	616
1950	6,586	1,376	172	2	89	85	16	655
1951	5,909	1,467	161	1	67	85	20	709
1952	5,252	1,375	160	4	69	86	19	728
1953	5,895	1,290	148	5	48	60	21	764
1954	5,722	1,225	146	1	50	51	17	744
1955	5,693	1,118	168	1	43	67	14	815
1956	6,044	1,162	159	2	50	38	13	743
1957	6,102	1,113	157	—	48	60	17	840
1958	6,381	1,323	158	2	28	60	17	882
1959	6,273	1,274	132	1	22	57	7	1,022
1960	7,804	1,640	130	1	24	50	20	584†
1961	7,349	1,485	105	—	34	46	6	—
1962	7,416	1,294	113	1	34	39	4	—
1963	8,166	1,185	104	—	30	43	10	—
1964	8,093	1,102	84	—	27	38	3	—
1965	7,570	1,094	93	—	29	43	5	—
‡1966	5,393	691	24	—	9	15	9	—

*Including midwifery cases in private maternity homes.

†To 30.6.60. Not required after 1.7.60.

‡Boundary change.

The percentage of doctors' calls to the number of births attended by midwives was 12.8.

Supervision of midwifery staff is undertaken by four Area Nursing Officers and their Deputies, and they are also responsible for control of Home Nursing and Health Visiting Staff. Staff meetings are held at regular intervals.

A noticeable feature of the midwifery service is the continued decrease in domiciliary confinements and proportionate increase of early discharges from maternity hospitals. This is accepted as being inevitable by the midwives who are then able to attend the mother for a longer period and to assist her to establish breast feeding.

A pilot scheme which commenced last year whereby patients in the Victoria Hospital, Lichfield, were delivered by midwives employed by the County Council has proved successful and the Health Committee agreed to extend the scheme to other suitable hospitals in the County. The basis of the scheme is that patients normally return to their homes after 48 hours in hospital and the midwife who attended them whilst in hospital is responsible for their care throughout.

Approval was given during the year to provide all midwifery staff with entonox apparatus for the administration of gas and oxygen during labour. This machine had only just been approved for use and it was considered safer than the equipment previously used, also having a wider application, being suited for use in toxæmia and for longer periods of use.

In accordance with the rules of the Central Midwives Board, 45 midwives attended courses arranged by the Royal College of Midwives. Two of the Area Nursing Officers attended post certificate courses.

Ten of the County Council's midwives are approved by the Central Midwives Board as Teacher Midwives. During the year 15 pupils completed district training in the area as part of their Part II Midwifery training course.

MATERNITY AND NURSING HOMES

The County Council are responsible for the registration and inspection of these Homes in the Administrative County.

The following are particulars of the premises registered:—

Number of premises registered at end of year	...	...	3
Number of applications for registration granted	...	...	—
Number of Homes given up	...	...	—
Number of Homes with more than two beds	...	...	3
Number of Homes solely for midwifery and maternity cases	...	...	1

No applications for registration were granted during the year, the number of registered homes remaining as three, one of which is solely for midwifery and maternity cases.

MOTHERS CLUBS

In June, 1966, the Health Committee approved a scheme for the establishment of mothers clubs throughout the Administrative County.

The basic idea underlying the formation of these clubs is to bring mothers of children together at regular meetings. The clubs serve two main purposes.

- (1) They enable mothers with a common interest to meet and provide a break from the home and children.
- (2) They provide a receptive group for topics of Health Education which have a beneficial effect on the health of the mothers and their families.

In return for accepting a programme of Health Education, the County Council make available premises for meetings, either by allowing the use of clinics, where it does not conflict with County Council functions, or hiring accommodation where necessary.

A constitution for the clubs has been laid down, as set out below:—

- (1) The Club shall be open to all mothers of children up to the age of 10 years.
- (2) (i) Clubs should elect a Chairman and Committee annually from amongst its own members, together with a Secretary/Treasurer. A quorum of three members of the Committee (excluding the Secretary/Treasurer) is necessary before business can be conducted.
(ii) The Health Visitor or District Nurse of the Child Welfare Centre must be a member of the Committee.
- (3) *Club Activities*
(i) At the discretion of the Committee.
(ii) Fifty per cent of the programme should be given over to health education.
(iii) County Health Staff are available to help with health education and suggested programmes are available on request. Free loan of equipment is provided.
- (4) *Finance*
The County Council will pay for the hire of the premises subject to the hiring charges being approved by the appropriate Committee following consultation with the County Planning and Development Officer.
- (5) The Mothers' Clubs will be responsible for the repair or replacement of any damage occasioned during their occupation of the premises.
- (6) *Subscription*
Subscription fees must not exceed 2/6d. per person per meeting.
- (7) *Annual Programme of Clubs Activities.*
The yearly programme of the proposed club activities, together with any suggestions, speakers, etc., is required to be sent to the County Medical Officer of Health by the 30th November each year in respect of the following year.

At the end of 1966, such clubs were functioning at Uttoxeter, Cannock, Glascote, Penkridge, Barton-under-Needwood and Ashley. It is expected that this number will increase during 1967, as the scheme becomes more widely known through Health Visitors and the Health Education section of this department.

The programmes of activities received from the mothers' clubs indicate that a wide variety of topics, discussions and lectures are provided. There is no doubt that the scheme has proved beneficial to the mothers who participate and attempts must now be made to expand the number of mothers' clubs at present in operation.

NEIGHBOURLY HELP SERVICE

This service, which is regarded as a feature of the Domestic Help Scheme, is one in which arrangements are made for neighbours to look after old or sick people living alone, and for the helpers to receive a daily fee for the work they undertake, i.e., lighting fires, undertaking shopping, collecting pensions, helping the old people when they are getting up or going to bed, etc. The importance and justification for the scheme is that it has helped old people to remain in their homes in familiar surroundings and that generally it results in obviating, or at least delaying, admissions to residential accommodation, thus bringing about a considerable saving in public money.

The scheme works in harmony with other valuable services provided by voluntary bodies for old people, to enable them to remain longer in their own homes.

Most cases assisted are those who require more frequent attention than just a daily visit from a Home Help.

During the year under review 36 neighbourly helps were engaged.

NIGHT HELPS

The scheme for employing Night Helps (or Night Sitters or Watchers) was introduced in 1956 and is designed to provide help in cases of serious chronic and terminal illnesses to relieve the heavy strain on relatives by enabling them to have periods of undisturbed sleep during certain nights of the week. The scheme is also intended to give families opportunities of taking annual holidays in cases where there are aged parents who need constant attention and who cannot be temporarily removed to a hospital or other similar institution.

Whilst there is not a great amount of actual work involved in Night Help duties the task can be quite demanding as the Help sits with the patient usually for between 10-12 hours per night. Periods of Night Help duty are not usually long periods of duty. The Help attends the case continually until assistance is no longer required, and this normally is for a period of between 1-4 weeks.

During 1966 in certain parts of the County difficulty was experienced in securing persons willing to undertake this type of work, and quite often persons employed as Domestic Helps with the Authority agreed to do stints of Night Help duty in addition to their normal duties.

It is generally found that the Night Help Service is called upon by General Practitioners as a last resort in cases of patients living alone and where there is some delay in removing the patient to hospital.

During 1966, 45 persons were engaged as Night Helps.

NURSING COMFORTS

The County Council has an arrangement with the British Red Cross Society and the St. John Ambulance for the provision of nursing aids throughout the County such as commodes, wheelchairs, bedpans, hoists and various other items of equipment too numerous to mention here. The service rendered by these two organisations is invaluable to the County Council maintaining as much home nursing as possible, thus

relieving pressure on the hospital services. As in previous years, the County Council made financial contributions and for the financial year ending on the 31st March, 1967, the following grants will have been made.

British Red Cross Society	...	...	£3,417
St. John Ambulance	...	...	£624

Much has been said in previous annual reports on the range of equipment which is loaned to the general public and which is distributed from the following depots.

British Red Cross

Aldridge	Cheadle	Kinver	Tutbury rural
Alrewas	Chorley	Leek	Wall
Alton (Cheadle)	Codsall	Lichfield	Weeford
Armitage	Eccleshall	Mayfield	Weston-under-
Barton-under-	Gayton	Newcastle	Lizard
Needwood	Fradswell	Pelsall	Wheaton Aston
Biddulph	Gnosall	Penkridge	Whittington
Blythe Bridge	Hammerwich	Rugeley	Wombourn
Brewood	Haughton	Rushall	Yoxall
Brocton	Heath Hayes	Shenstone	
Burntwood	Hednesford	Stafford	
Burston	Ipstones	Stone	
Calton	Kings Bromley	Streetly	
Cannock	Kingsley	Tamworth	
Chasetown			

St. John Ambulance

Audley	Hednesford	Cheadle	Uttoxeter
Aldridge	Stafford	Kids Grove	Cheddleton
Chesterton	Brownhills	Leek	Great Wyrley

However, there is the question of the misuse of equipment which is indeed a costly problem. It is quite common for commodes to be returned uncleansed and in some instances they had to be written off as unuseable. Wheelchairs are sometimes returned broken and dirty and the same problem arises with the whole range of equipment on loan. The public should be made aware of the situation and an effort made to educate them to a higher standard of care, for where equipment is returned in a bad condition, it is probable that someone in need will have to wait extra time due to the carelessness of various users.

As in previous years, quarterly statements of expenditure are provided by both societies and, on occasions, a check of equipment is made at the various depots by members of the Health Department staff. These two Societies are undoubtedly performing an excellent service on the County Council's behalf.

PREMATURITY

The following table gives particulars of the number of premature infants who were born during 1966 (including those who were later transferred to other Authorities following the boundary changes).

(1) Number of Premature Live Births notified—

(a)	In hospital	...	...	...	...	...	776
(b)	At home or a Nursing Home			...	...	...	181
							<hr/> 957 <hr/>

(2) Number of Premature Stillbirths notified—

(a)	In hospital	...	...	...	...	...	125
(b)	At home or a Nursing Home			...	...	...	19
							<hr/> 144 <hr/>
	Total	...	...	...	...	...

PREMATURE LIVE BIRTHS																		PREMATURE STILLBIRTHS
Weight at birth	Born in hospital									Born at home or in a nursing home								
	Total births (1)	Died			Total births (5)	Died			Total births (9)	Transferred to hospital on or before 28th day								
		within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)		within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)		within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)						
1	2 lb. 3 oz. or less ..	28	22	3	1	3	3	—	—	—	—	—	—	—	—	25	2	
2	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ..	59	21	7	3	3	1	—	—	—	—	2	—	—	1	24	7	
3	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ..	136	14	5	—	11	1	—	—	—	—	9	—	—	—	37	5	
4	Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ..	179	7	2	2	15	—	—	—	—	—	7	—	—	—	17	4	
5	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ..	374	8	2	2	122	1	—	—	—	—	9	1	—	1	22	1	
6	Total ..	776	72	19	8	154	6	—	—	—	—	27	1	—	2	125	19	

PREVENTION OF HOME ACCIDENTS

The functions relating to home safety have been delegated to Area Health Committees. Voluntary Home Safety Organisations have been set up in various districts.

Throughout the year posters have been displayed in appropriate places including clinics, and leaflets have been distributed from time to time.

Talks have been given in schools throughout the County, and special Home Safety Books issued. A large number of fire guards have been issued on loan to old persons.

Personal advice was given by Social Workers and Nursing and Domestic Help Staff, this staff being requested to report any dangers they may observe during their home visits without making this in any way the prime function or interfering with their other duties.

During the year the Health Education section arranged six lectures on Home Safety, the total audience being 150 persons.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

The following are particulars of the work undertaken during 1966 by the Social Workers/Welfare Officers and their Assistants.

	<i>Free</i>	<i>Partial Payment by patients</i>	<i>Paid in full by patients</i>	<i>Total</i>
(1) Number of patients supplied with extra nourishment*	146	6	—	152
(2) Number of patients supplied with clothing	209	3	—	212
(3) Number of patients supplied with bedding and furniture	123	2	—	125
(4) Number of patients supplied with convalescent home treatment	44	15	1	60
(5) Number of patients supplied with appliances† ...	731	—	—	731
(6) Number of visits and interviews with patients at home	—	—	—	6,933
(7) Number of patients visited in hospital or sanatorium...	—	—	—	463
(8) Number of patients seen at Office or Clinic ...	—	—	—	566
(9) Housing:				
(a) No. of cases recommended	—	—	—	71
(b) No. of cases re-housed...	—	—	—	44

*This number includes cases where assistance has been given through the Welfare Officer by organisations other than the County Council and include the British Red Cross Society, St. John Ambulance Brigade, National Assistance Board and numerous smaller organisations.

† This total includes the provision of invalid chairs, air beds, rubber

rings, hot water bottles, and occupational therapy items. The bulk of the equipment was provided by loan from the various Medical Loan Depots throughout the Area.

During the year four cases of problem families were sent to Crowley House, Birmingham, for the guidance of the Mother in Home Management and Child Care. This shows a slight reduction over the previous year.

The Department continues to issue travel warrants to relatives to enable them to visit patients in hospital in accordance with Ministry of Health Circular 85/49. For the year under review, fourteen applications for this facility were received and approved. Of these, ten cases were given free travel and four cases made a partial payment.

TUBERCULOSIS VISITING

There are two whole-time Tuberculosis Visitors in the County Area and the total number of visits made by these visitors during 1966 was 580. As will be seen in a previous table there were 117 new cases of Pulmonary Tuberculosis during the year.

Upon notification of a case of tuberculosis the home circumstances are investigated and all contacts asked to attend for examination. Child contacts are Mantoux tested or in the case of infants Tuberculin Jelly tested and negative reactions are offered B.C.G. inoculation. All contacts except the very young are X-rayed.

Close liaison with the Disabled Resettlement Officer enables the clinic to get patients into suitable employment according to their clinical condition. A few of the older age groups, especially those disabled by pneumoconiosis and those with persistently positive sputums, are unemployable and form a permanent source of re-infection, but by seeing them fairly frequently at the clinic and re-examining their contacts when possible, infection is kept to a minimum.

Owing to the restricted accommodation at the Clinics it is not possible to carry out any surveys, but there is close co-operation with the Mass Radiography Unit, especially with regard to Schools from which a case of tuberculosis has been notified.

At the Chest Clinics every endeavour is made to arrange for the examination of contacts of new cases of tuberculosis and, in the case of children, tuberculin skin testing is extensively employed with B.C.G. vaccination of suitable children. Where tuberculosis is found at post mortem examination and not known during life, arrangements are made for the contacts to be reviewed.

It is not possible to state correctly how many contacts were examined at Chest Clinics operating in the area of the geographical County, or how many of these were found to be suffering from tuberculosis, since, following the major Local Government Boundary Changes on the 1st April, 1966, at some clinics the statistics are not available separately for the new administrative areas.

VACCINATION AND IMMUNISATION

The following is the current Immunisation/Vaccination programme of this authority:—

<i>Age</i>	<i>Vaccine</i>	<i>Interval between Doses</i>
3rd Month ...	1st Triple+1st Oral polio	} 4 to 6 weeks
4th Month ...	2nd Triple+2nd Oral polio	
5th Month ...	3rd Triple+3rd Oral polio	
During 2nd year	Smallpox	
18 months to 2 years ...	Triple booster+oral polio booster*	
School Entry ...	Dip./Tet, booster+oral polio booster Smallpox (re-vaccination only)	} See note below†
End of Junior School ...	Dip./Tet. booster (half-dose) +oral polio booster	
Secondary School	B.C.G.	

*The oral polio booster should not be given less than twelve months after the completion of the primary course.

†The minimum interval between the Dip./Tet. booster+oral booster and the smallpox re-vaccination (whichever is done first) is three weeks.

In the tables below details are given of the number of persons under the age of 16 years who received vaccinations or immunisations during 1966. This year there is little point in making comparisons with the number of completed courses in previous years, because, following the loss of approximately one-third of the County population under the West Midlands Order 1965 (operative from the 1st April, 1966) this would be misleading.

The statistics do not contain all vaccinations and immunisations provided for County residents, because records of these are not always sent in by general practitioners.

It can be stated fairly confidently, that the statistics represent a good acceptance rate for the County as a whole. Undoubtedly the number of persons receiving smallpox vaccination increased during 1966 as a result of the outbreaks of smallpox in the country. Many persons taking continental holidays were required to have valid certificates of vaccination against smallpox as a condition of entry into certain countries.

It is again pleasing to be able to report that no cases of diphtheria or polio were notified during 1966.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1966

Table 1.—Completed Primary Courses—Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959-1962		
1. Quadruple DTPP ..	13	44	21	10	10	0	98
2. Triple DTP	3,491	6,789	2,264	696	661	34	13,935
3. Diphtheria/Pertussis ..	1	9	4	3	40	4	61
4. Diphtheria/Tetanus ..	74	188	269	901	1,979	1,315	4,726
5. Diphtheria	8	73	48	53	161	155	498
6. Pertussis	1	4	0	0	4	1	10
7. Tetanus	31	44	76	48	1,883	3,343	5,425
8. Salk	2	33	8	0	62	43	148
9. Sabin	3,303	8,049	1,793	1,219	1,752	1,753	17,869
10. Lines 1+2+3+4+5 (Diphtheria)	3,587	7,104	2,605	1,663	2,657	1,505	19,121
11. Lines 1+2+3+6 (Whooping Cough) ..	3,506	6,846	2,289	709	541	36	13,927
12. Lines 1+2+4+7 (Tetanus)	3,609	7,065	2,630	1,655	4,339	4,689	23,987
13. Lines 1+8+9 (Polio) ..	3,318	8,126	1,822	729	1,824	1,796	17,615

Table 2.—Reinforcing Doses—Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959-1962		
1. Quadruple DTPP ..	0	1	34	13	25	9	82
2. Triple DTP	4	925	2,196	701	976	107	4,909
3. Diphtheria/Pertussis ..	0	0	6	13	157	1,058	1,234
4. Diphtheria/Tetanus ..	2	74	132	84	3,640	3,268	7,200
5. Diphtheria	0	2	11	90	1,413	971	2,487
6. Pertussis	0	0	1	1	5	1	8
7. Tetanus	0	1	11	16	354	423	805
8. Salk	0	3	25	16	19	2	65
9. Sabin	90	813	1,633	929	4,659	3,562	11,686
10. Lines 1+2+3+4+5 (Diphtheria)	6	965	2,377	901	6,211	5,413	15,873
11. Lines 1+2+3+6 (Whooping Cough) ..	4	889	2,232	715	1,007	117	4,964
12. Lines 1+2+4+7 (Tetanus)	6	964	2,378	827	5,161	4,859	14,195
13. Lines 1+8+9 (Polio) ..	90	804	1,510	856	4,376	3,508	11,144

The above table includes vaccinations immunisations given to children during the first three months of 1966, who are now the responsibility of other authorities since the major boundary changes on the 1st April, 1966.

SMALLPOX VACCINATION—PERSONS AGED UNDER 16

Age at date of vaccination	Number of Persons Vaccinated (or revaccinated during period)	
	Number vaccinated	Number revaccinated
0—3 months	115	9
3—6 months	128	21
6—9 months	130	9
9—12 months	314	9
1	3,336	230
2—4	2,408	155
5—15	1,356	565
TOTAL	7,787	998

The above table includes vaccinations given to children during the first three months of 1966, who are now the responsibility of other authorities since the major boundary changes on the 1st April, 1966.

MEASLES VACCINATION

Following the controlled trial carried out by the Medical Research Council, it was shown that one dose of killed measles vaccine followed by a dose of live attenuated vaccine or a dose of live attenuated vaccine alone, produced a substantial degree of protection. The duration of this protection is as yet unknown.

In February, 1966, the Ministry of Health notified all Local Health Authorities that they should not at this time make arrangements to offer measles vaccination generally, but consideration would be given for the approval of any authority wishing to make amendments to their immunisation scheme.

The County Medical Officer of Health set out five categories of children who it was thought would benefit most from this protection:—

1. Children in residential institutions, such as Day Nurseries, Nursery Schools and Children's Homes.
2. Severely subnormal children.
3. Delicate children.
4. Children with chronic disease of heart or lungs.
5. Children with a history of ear disease.

The Local Medical Committee were in agreement with this proposal and approval was given by the County Council in November.

As at 31st December, 1966, permission was being sought from the Ministry of Health, for the County Council to offer vaccination against measles for persons living in the County who came under one of the above categories.

IMMUNISATION BY MEANS OF THE INTRAJET

The Intrajet (previously known as the Dermojet) is a hand instrument which will deliver a measured dose of vaccine in the form of a spray at high pressure. When the instrument is held close to a child's bare arm, the spray of vaccine will pass through the skin without any pain or discomfort being experienced. The instrument, therefore, has an enormous psychological advantage over the conventional needle and syringe.

A similar type of instrument has already been used in this County in the last two years to administer B.C.G. vaccine, and the results have been very satisfactory.

For some years the children in this County have been immunised against diphtheria, whooping cough and tetanus by using the three antigens combined in one vaccine. Each dose of this combined vaccine is 0.5 ml. and the Intrajet will only consistently deliver a measured dose of about 0.1 ml. The dose in the case of B.C.G. vaccine has always been 0.1 ml., so there is no difficulty in using the Intrajet type of instrument. In order to use the Intrajet to immunise against diphtheria, whooping cough and tetanus, it is necessary for the vaccine to be concentrated about five times.

There is every reason to believe that this concentrated vaccine will give as good an immunity in children as the present more dilute vaccine, but it is impossible to be certain of this without an actual trial. This requires a sample of blood from, say, 100 babies, who would then be

immunised against diphtheria, whooping cough and tetanus by means of Intrajet and then, a few months later, a further blood sample would be taken in order to estimate the level of immunity obtained. Parental consent would have to be obtained in each case, although it should be stressed that there is no increased risk to the children, and the pain of taking a blood sample is no greater than the pain of an ordinary injection.

The parents taking part in the trial would have the satisfaction not only of taking part in an important survey, but also of knowing whether their own child was, or was not, adequately protected against diphtheria, whooping cough and tetanus. Samples of blood are not routinely taken after immunising against these three diseases by means of the conventional needle and syringe. so there is no way of any parent knowing for certain that their children are adequately protected with the dose normally given. It is unlikely that the Intrajet method would result in a lower degree of immunity than the conventional method, but in any child where the level of immunity was considered to be inadequate then the child could be further protected in the ordinary way.

During 1967, a start will be made with the trials of this instrument.

B.C.G. VACCINATION

Routine tuberculin testing followed by B.C.G. vaccination, if necessary, continued to be offered under the Authority's arrangements for all children in their first year in secondary schools, as well as for those in approved schools and students at technical and other establishments of further education, together with any other children who have, for various reasons, missed it in previous years. The positive reactor rate continued to fall to the lowest rate ever recorded in this County.

When the boundary changes took place on 1st April, 1966, under the West Midlands Special Review Order, 56 secondary schools, involving 24,526 children (37% of the secondary school population for the whole of the Administrative County) were transferred to the new County Boroughs.

The following figures in respect of work done on tuberculosis prevention for the period January to December 1966 includes arrangements for children who were later transferred to the new County Boroughs.

Number of children eligible	...	...	...	18,186
Number of consents received	...	...	...	13,382
Acceptance rate	...	...	...	73%
Number tuberculin tested	...	...	...	11,141
Number vaccinated	...	...	...	10,382
Positive reactors	...	...	...	759
Percentage positive	...	...	...	6%
Referred for X-ray	...	...	...	299

EXAMINATION OF STRONGLY POSITIVE REACTORS

There were no cases of active tuberculosis discovered this year through routine chest X-ray examinations, but investigation of as many contacts as possible of the positive reactors amongst school children was continued, the main purpose being to discover the source of infection responsible for the positive tuberculin reaction in the child and to offer protective measures to other members of the family if necessary.

B.C.G. BY MULTIPLE PUNCTURE

In 1963, the British Tuberculosis Association organised a trial to compare the efficiency of different methods of B.C.G. vaccination and Staffordshire was one of the areas selected to take part in the survey. Selected children who were negative reactors to the skin test were divided at random into groups of similar size, some being vaccinated by an intradermal injection which is the standard method at present in general use, and for the purpose of the trial they acted as a control.

Some children were vaccinated by a special instrument which has been devised so that the punctures are effected by individual disposable discs, thus very greatly improving the sterility standard above the ordinary heaf-type gun.

This technique compares favourably with the intradermal method and is still being used in this County.

B.C.G. BY INTRAJET

Much success has been achieved by the use of the intrajet injector. Jet injectors are very rapid, easy and painless, they do not look like conventional needles and syringes and are, therefore, less frightening, particularly to children. Cross infection does not occur. Large numbers of individuals can be vaccinated quickly without emotional reaction and a high conversion rate can be expected.

The children concerned are being followed up with annual tuberculin skin testing until they leave school, to ensure that the vaccination has been effective and to determine the degree of immunity achieved.

Several other Authorities are also included in this trial and it is intended that the combined results will be assessed so that the Intrajet method can be recommended if judged to be better than existing procedures. So far, the results are sufficiently encouraging to make it reasonable for this method to be adopted, particularly where experienced vaccinators are not available.

CONTACT SCHEME—CIRCULAR 19/64

The scheme for vaccination of persons known to have been in, or likely to come into contact with cases of tuberculosis, was carried out at the Chest Clinics. The returns submitted by the Chest Physicians showed the number of persons skin tested 537, the number found positive 183, the number found negative 346 and the number vaccinated 345.

SECTION IV

OTHER SERVICES

FAMILY PLANNING

The Minister of Health, in Circular 5/66, urged Local Health Authorities to review their present arrangements regarding Family Planning, which he regards as an essential aspect of family welfare.

The Circular pointed out three ways in which Local Health Authorities could make arrangements for this purpose:

- (a) by the provision of general education in family planning by means of talks to suitable audiences, other forms of general publicity and in the day to day education activities of county staff in their visits to homes;
- (b) by making arrangements, either directly or through voluntary bodies, such as the Family Planning Association for advice, treatment and supplies for the benefit of women to whom pregnancy would be detrimental to health, without charge;
- (c) by Local Health Authorities giving all help and encouragement (within their powers) to the Family Planning Association and similar voluntary bodies in their service to those who wish to achieve the aim of planned parenthood even though no specific danger to health is involved.

It was pointed out that these objectives may be achieved by:

- (1) consultation with the Family Planning Association (or other bodies) either both to provide services on their behalf or to co-ordinate their own provision;
- (2) by giving financial and other assistance to voluntary bodies; e.g. the full cost of providing a service to those falling into category (b) above (whose health may suffer) should be paid. Local Health Authorities should bear in mind their powers to contribute to any voluntary body formed for the purpose of the prevention of illness by giving family planning advice, without any specific approval by the Minister under S.28 of the National Health Service Act. Further the Minister commends the practice of lending clinic premises without charge.
- (3) by giving full publicity to the place and times of Family Planning clinics and encouragement to all the County's field staff, particularly health visitors, to make this information known in their daily work with families.

The Health Committee has for many years supported family planning by making grants to Family Planning Clinics at which County residents attend and by allowing the Family Planning Association to use County owned clinics free of charge.

The adoption of a grant system is a simplification in place of paying the cost of each individual case receiving advice whose health would be endangered by pregnancy, and also dealt with the problem of defining these cases.

The Staffordshire Branch of the Family Planning Association employs a paid Secretary, who is responsible for the administration of the clinics within the area. The Association propose opening approximately six further clinics in the Administrative County in the future. The locations of these clinics have not been finally decided, but they will probably be in the more urban areas of the County so that they will be readily accessible to the maximum number of people.

Following the Ministry Circular the Health Committee has increased its financial contribution to the Family Planning clinics and is assisting the newly formed Staffordshire Headquarters Branch of the Family Planning Association by providing furnished office accommodation.

The following clinics were operating in the geographical County at the 31st December, 1966.

BILSTON, Bilston Health Centre, Wellington Road, Bilston, Staffs.

Tuesdays weekly 10.30 a.m.—12 noon
2.00 p.m.—3.00 p.m.
6.30 p.m.—7.30 p.m.

Closed Bank Holiday weeks and first fortnight in August.

*BURTON-UPON-TRENT, The Clinic, Cross Street,
Burton-upon-Trent*

Mondays weekly 6.00 p.m. to 8.00 p.m.
Closed Bank Holidays and all August.

CANNOCK, County Health Clinic, Beecroft Road, Cannock, Staffs.

1st and 3rd Thursday in month 2.00 p.m.—4.00 p.m.
2nd and 4th Thursday in month 4.30 p.m.—6.30 p.m.

DUDLEY, Holly Hall Clinic, Stourbridge Road, Dudley, Worcs.

1st and 3rd Mondays in month 7.00 p.m.—8.00 p.m.
Thursdays 6.30—8.00 p.m.

LEEK, The Clinic, Salisbury Street, Leek, Staffs.

Wednesdays weekly 7.00 p.m.—8.00 p.m.
1.45 p.m.—2.45 p.m. on first Wednesday in month
2.00 p.m.—4.00 p.m. on 3rd Wednesday in month
Closed all August and Christmas if Clinic in that week.

RUGELEY, Heron Court Infant Welfare Centre, Rugeley, Staffs.

Fridays 2.15 p.m. to 3.15 p.m.
Closed Friday in Bank Holiday weeks, Good Friday and all August.

STAFFORD, Infant Welfare Centre, North Walls, Stafford.

Monday 6.00 p.m.—8.00 p.m. (Oral).
Thursday 10.00 a.m.—12 noon (advice on intra-uterine).
11.00 a.m.—1.00 p.m. (General).
2.00 p.m.—4.00 p.m. (General).
6.00 p.m.—7.30 p.m. (General)
1st Thursday in months 12 noon—1.00 p.m. (sub-fertility).
Closed Bank Holiday weeks and all August.

*STOKE-ON-TRENT, 12 Wellesley Street, Shelton, Stoke-on-Trent,
Staffs.*

Tuesdays 2.00 p.m.—3.00 p.m. and 6.00 p.m.—7.30 p.m.
Wednesdays 2.00 p.m.—3.00 p.m. Evenings by appointment.
Wednesdays 3.00 p.m.—5.00 p.m. for oral contraceptives by appointment.
Thursdays 10.00 a.m.—10.30 a.m. and 11.50 a.m.—12.30 p.m.
for oral contraceptives by appointment.
Thursdays 10.30 a.m.—11.30 a.m.
Tuesdays 10.00 a.m.—12 noon for advice on intra-uterine devices.
Closed August, Easter and Whitsun weeks, three weeks Christmas

BENTILEE, Ubberley Health Centre, Bargrave Street, Bentilee, Bucknall, Stoke-on-Trent, Staffs.

Mondays 6.30 p.m.—7.30 p.m.

Closed Easter and Whitsun weeks, two weeks at Christmas, and all August and Bank Holidays.

TETTENHALL, Infant Welfare Centre, Council Offices, Upper Green, Tettenhall, Wolverhampton, Staffs.

4th Monday of month 7.00 p.m.—8.30 p.m. (intra uterine devices)

Mondays 2.30 p.m.—3.30 p.m. and 6.30 p.m.—7.30 p.m.

2nd, 4th and 5th Mondays 2.30 p.m.—3.30 p.m. and 6.30 p.m.—7.30 p.m. supplies only.

Closed Bank Holidays.

WALSALL, Ambulance Station, Hatherton Road, Walsall, Staffs.

1st and 3rd Mondays in month 10.00 a.m.—12.00 noon.

Wednesdays 2.30 p.m.—4.00 p.m.

Thursdays 7.00 p.m.—8.30 p.m.

Mondays 10.00 a.m.—12.00 noon (advice on intra-uterine devices by appointment).

Wednesdays 11.30 a.m.—1.30 p.m. and Thursdays 11.00 a.m.—1.00 p.m. by appointment only (oral).

CHEMICAL LABORATORY

The total number of samples examined was 8,083. The proportion of samples from County Council sources was 73.8% while the other Food and Drugs Authorities served by the Laboratory submitted 19.2% and the remaining 7.0% came from various other Local Authorities within the County area and from private sources.

The estimated mid-1966 population of the area served by the Laboratory was 935,960 while that of the County Council's Administrative Area for the purpose of the Food and Drugs Act was 480,004. The total number of food and drugs samples examined for the County Council, excluding "Appeal-to-Cow" samples, was 4,738 which gives a sampling rate per 1,000 of population of 9.9%.

Of the food and drugs samples examined for the County Council 152 or 3.2% received adverse reports. These faulty samples consisted of 103 milks and 49 other foods and drugs. Numerical details relating to these faulty samples are given in Table II.

Canned and open-meat products again show higher than average rates of adulteration as also do fish and fish products. No improvement can be expected until the long overdue Regulations providing statutory standards for such products come into force. Attention is also drawn to the fact that Ground Almonds have produced several adulterated samples this year after many years without fault. Either through carelessness or otherwise faulty samples were found to consist of almonds mixed with cashew nuts and/or peanuts.

An increased number of milks were tested for antibiotics and these were detected in 17 of the 288 samples examined. These findings are worse than those of last year and must be regarded as disappointing.

The testing of foods for pesticide residues organised as a National Survey by Local Government Authorities began in August. Using the recently installed Gas Liquid Chromatograph the Laboratory in the four-monthly period August-November examined a total of 17 samples including 12 for the County Council. Owing to the very high sensitivity of the instrument and the widespread use of pesticides it was anticipated that their presence would be detected in most of the samples. In fact pesticides were found in 12 of the 17 samples examined but in no case did the quantity found exceed 0.05 parts per million.

As far as present day knowledge extends quantities of this order may safely be accepted in the foodstuffs examined.

Efforts to increase the efficiency of Food and Drugs legislation have continued. Seven new or amended Regulations were made during the year. These deal with Butter, Cheese, Salad Cream, Antioxidants in Food, Mineral Hydrocarbons in Food, Colouring Matter in Food and Skimmed Milk with Non-Milk Fat. Proposals for Regulations were circulated dealing with Fish and Meat Spreadable Products and with Solvents in Food. The Food Standards Committee produced a Report on Claims and Misleading Descriptions while the Food Additives and Contaminants Committee reported respectively on Solvents and Cyclamates. In addition to all these a second Addendum to the British Pharmacopoeia, 1963, and a Supplement to the British Pharmaceutical Codex, 1963, came into force during the year.

TABLE I

The total number of samples analysed was as follows:—

For County Council

Foods and Drugs Act, 1955	(a) Chief Inspector's Samples	...	2,551
	(b) County Health Inspector's Samples	...	2,187
	(c) "Appeal-to-Cow" Samples		60
Milks for Hypochlorite Test	...	...	422
Milks for Antibiotic Test	...	...	288
Fertilisers and Feeding Stuffs	...	...	130
Drinking Waters	...	...	37
Swimming Bath and Pool Waters	...	...	2
River and Stream Waters...	...	...	6
Sewages, Effluents and Trade Wastes	...	...	191
Samples for Pesticide Residues...	...	...	12
Miscellaneous Samples	...	...	78
			5,964

For City of Stoke-on-Trent

Food and Drugs Act, 1955	...	...	866
Fertilisers and Feeding Stuffs Act, 1926	...	...	21
Other Samples	...	...	30
			917

For Borough of Newcastle-under-Lyme

Food and Drugs Act, 1955	...	...	130
Other Samples	...	...	63
			193

For Borough of Stafford

Food and Drugs Act, 1955	...	...	169
Other Samples	...	...	61
			230

For Urban District Council of Cannock

Food and Drugs Act, 1955	...	...	84
Other Samples	...	...	40
			124

For Borough of Rowley Regis (March quarter only)

Food and Drugs Act, 1955	...	...	34
Other Samples	...	...	7
			41

For Urban District Council of Brierley Hill (March quarter only)

Food and Drugs Act, 1955	44
Other Samples	6
			50

<i>Other Authorities</i>	564
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TOTAL	8,083
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Table II shows the total number of Samples analysed and the total number reported against.

TABLE II

SAMPLES	Number Examined			Number reported against or below standard		
	For- mal	Infor- mal	Total	For- mal	Infor- mal	Total
Almonds, Ground	18	—	18	4	—	4
Baking Powder and Golden Raising Powder	5	—	5	—	—	—
Bread	9	—	9	—	—	—
Bun, Cake & Pudding Mixture	3	1	4	—	—	—
Butters	38	—	38	—	—	—
Cereal Products	17	4	21	—	—	—
Cheese and Cheese Products	31	5	36	—	—	—
Cocoa and Chocolate Preparations	4	—	4	—	—	—
Coconut	2	1	3	—	—	—
Coffee	2	—	2	—	—	—
Coffee Extracts	12	—	12	—	—	—
Cream	10	—	10	1	—	1
Curry and Curry Powders	3	—	3	—	—	—
Custard Powder & Prepared Starches	10	1	11	—	—	—
Drinks, Alcoholic	19	4	23	—	—	—
Drinks, Non-Alcoholic	41	6	47	—	—	—
Drugs	32	23	55	3	—	3
Fats	24	—	24	—	—	—
Fish and Fish Products	26	1	27	3	1	4
Flavourings and Colourings	1	1	2	—	—	—
Flour, Self Raising	3	—	3	—	—	—
Flour, Plain, Various	2	2	4	1	—	1
Flour Confectionery	51	1	52	—	—	—
Fruit and Vegetables, Fresh	—	4	4	—	—	—
„ „ Dried, etc.	16	6	22	1	—	1
„ „ Canned	48	15	63	1	—	1
Fruit and Vegetable Juices	9	1	10	2	—	2
Fruit Curds	11	—	11	—	—	—
Foods, Baby and Tonic	2	—	2	—	—	—
Gravy Browning and Salt	5	—	5	—	—	—
Honey	3	—	3	—	—	—
Herbs, Spices and Condiments	20	4	24	—	—	—
Ice Cream	16	1	17	—	—	—
Jellies	5	2	7	—	—	—
Margarine	17	—	17	—	—	—
Marzipan	5	—	5	—	—	—
Meat Products (Open)	91	5	96	5	—	5
Meat Products (Canned, etc.)	71	15	86	7	2	9
Milk, Condensed & Evaporated, etc.	8	3	11	—	—	—
Milk	275	3,413	3,688	73	26	99
Milk (For Blood Test)	—	10	10	—	6	6
Mincemeat	5	—	5	—	—	—
Oils, Refined and Salad	10	2	12	—	—	—
Pickles, various	9	2	11	—	—	—
Preserves, various	33	4	37	—	—	—
Potato Products	5	—	5	—	—	—
Puddings and Pies and Pie Fillings	15	6	21	—	—	—
Salad Cream and Mayonnaise	1	—	1	—	—	—
Sauces	14	5	19	—	—	—
Soups	5	9	14	—	1	1
Sugars	3	—	3	—	—	—
Sugar Confectionery	27	6	33	1	1	2
Sweet Spreads and Syrups	4	—	4	—	—	—
Tea	20	—	20	—	—	—
Vinegars	14	—	14	—	—	—
Unclassified	20	12	32	1	—	1
COMPLAINTS	—	13	13	—	12	12
Total	1,150	3,588	4,738	103	49	152

Figures for all official Food and Drugs samples reported against are given below with those for 1965. “Appeal-to-Cow” samples are not included.

Total of Official Food and Drugs samples

					<i>Number of Samples</i>	<i>Per Cent Adulteration</i>
1966	...	...	...	...	4,738	3.2
1965	...	...	...	...	5,420	2.5

Number of samples reported against=152.

MILK

The figures for milk adulteration are given below with the corresponding figures for 1965.

					<i>Number of Samples</i>	<i>Per Cent Adulteration</i>
1966	...	...	...	...	3,688	2.7
1965	...	...	...	...	4,179	1.0

Number of samples adulterated=99.

“Appeal-to-Cow” samples are not included.

The average composition of the milk samples received during the year including “Appeal-to-Cow” samples but excluding Channel Island milks is given below with the corresponding figures for 1965.

				<i>Number of Samples</i>	<i>Fat</i>	<i>Solids-not Fat</i>	<i>Total Solids</i>
1966	...	...	...	3,531	3.72%	8.70%	12.42%
1965	...	...	...	3,982	3.73%	8.59%	12.32%

The number of milks included 60 “Appeal-to-Cow” samples.

The average composition of the Channel Island milks was as follows, with the corresponding figures for 1965.

				<i>Number of Samples</i>	<i>Fat</i>	<i>Solids-not Fat</i>	<i>Total Solids</i>
1966	...	...	...	220	4.45%	9.03%	13.48%
1965	...	...	...	241	4.69%	9.08%	13.77%

Of the 3,688 samples of milk examined, 99 were adulterated. Of the adulterated samples 56 contained added water, 10 contained added water and were also fat deficient, 25 were deficient in fat and 8 were deficient in fat and solids-not-fat.

Four samples of milk received on complaint were adulterated, giving a total of 103.

Adulteration of the various grades of milk was as follows:—

- Pasteurised* ... Of the 1,551 samples one was adulterated (0.06%).
- Sterilised* ... All 168 samples were satisfactory.
- Untreated* ... Of the 1,742 samples, 76 were adulterated (4.4%).
- U.H.T.* ... All five samples were satisfactory.
- Channel Island* ... Of the 220 samples, 22 were adulterated (10.0%).
- Undesignated* ... Both samples were satisfactory.

Of the 3,589 samples of milk passed as genuine, 100 were naturally poor in solids-not-fat, the deficiencies being proved by the Freezing Point (Hortvet) to be due to natural causes; one was naturally poor in fat and two were naturally poor in both fat and solids-not-fat, the deficiencies being proved by the “Appeal-to-Cow” samples to be due to natural causes.

“Appeal-to-Cow” Samples

The samples which are in addition to those listed in Table II totalled 60 and included 6 (10.0%) which were naturally poor in fat; 20 (33.3%) which were naturally poor in solids-not-fat and 4 (6.7%) which were naturally poor in both fat and solids-not-fat.

OTHER FOOD AND DRUGS

Of the 1,047 samples submitted 49 samples received adverse reports. The percentage of adulteration is shown below with the corresponding figures for 1965.

					Number of Samples	Per Cent Adulterated
1966	...	...	...	...	1,047	4.7
1965	...	...	...	...	1,241	7.7

Number of samples adulterated=49.

SECTION II
FERTILISERS AND FEEDING STUFFS

FERTILISERS AND FEEDING STUFFS ACT, 1926

The 130 samples submitted under the above Act comprised 69 Fertilisers and 61 Feeding Stuffs.

FERTILISERS

Of the 69 samples examined 57 were satisfactory. The results of analysis of the remaining samples is given below.

TABLE III

Number of Offences per Sample	Nature of Offence						Number of Samples
1	Excess of Free Acid	...	...	...	...	...	2
1	Excess of Nitrogen	...	...	...	...	...	1
1	Deficiency of Nitrogen	...	...	...	...	...	2
1	No Statutory Statement	...	...	...	...	...	1
1	Excess of Insoluble Phosphoric	...	...	...	...	...	1
2	Excess of Insoluble Phosphoric Acid a defi-	...	...	...	...	...	1
	ciency of Soluble Phosphoric Acid	...	...	...	...	...
2	Excess of Nitrogen and Soluble Phosphoric	...	...	...	...	...	1
	Acid	...	...	...	...	...
2	Excess of Nitrogen and Insoluble Phosphoric	...	...	...	...	...	1
	Acid	...	...	...	...	...
2	Deficiency of Nitrogen and Potash	...	...	...	...	...	1

Number of unsatisfactory samples=12

FEEDING STUFFS

Of the 61 samples examined 55 were satisfactory. The results of analysis of the remaining samples is given below.

TABLE IV

<i>Number of Offences per sample</i>	<i>Nature of Offence</i>	<i>Number of Samples</i>
1	Excess of Moisture causing mould growth ...	1
1	Excess of Oil	2
1	Deficiency of Potash	1
1	Deficiency of Fibre	2
<i>Number of unsatisfactory samples=6</i>		

SECTION III

WATERS, SEWAGE EFFLUENTS AND TRADE WASTES ETC.

The 540 samples comprising this section included 176 Drinking Waters, 82 Swimming Bath and Pool Waters, 22 River Waters and Stream Waters, and 260 Sewages and Effluents.

In addition to the samples examined for the Staffordshire County Council samples were also received from 22 of the Local Authorities within the County Area, comprising 9 Rural District Councils, 7 Urban District Councils, 4 Borough Councils and the Cities of Lichfield and Stoke-on-Trent.

DRINKING WATERS

176 Samples were analysed during the year—

- 97 for full analysis
- 16 for full analysis and hardness
- 4 for full mineral analysis
- 18 for salinity
- 3 for fluorine
- 38 for special analysis

Of the 176 samples examined

- 79 were satisfactory
- 1 contained sewage pollution
- 3 contained excessive organic pollution
- 3 were of doubtful quality
- 4 contained metallic contamination
- 1 contained organic and metallic contamination
- 23 contained excessive amounts of Nitric Nitrogen
- 62 were for special analysis

SWIMMING BATH AND POOL WATERS

- 2 samples were submitted for full analysis
- 80 samples were submitted for pH and chlorine only

RIVERS AND STREAM WATERS

- 6 samples were submitted for ordinary analysis
- 16 samples were analysed for special analysis

SEWAGES, EFFLUENTS AND TRADE WASTES ETC.

- 245 samples were submitted for ordinary analysis
- 15 samples were submitted for special analysis

SECTION IV

ATMOSPHERIC POLLUTION

The total number of samples examined in 1966 was 291, compared with 417 in 1965. This reduction in samples submitted was mainly due to boundary changes which restricted the number of observation sites. The figure for 1966 included 181 Rain Gauges and 110 Lead Peroxide Cylinders. The results are shown in Tables V and VI. Sites discontinued in May, 1966, have not been included in the tables as insufficient figures are available for calculating mean figures for the year. Where necessary Rain Gauge figures have been adjusted for the 12 month period and in both tables the corresponding figures for 1965 are included for comparison. In Table V the highest and lowest monthly figures have been included to show the extent of the seasonal variation.

In most areas the sulphur pollution as determined by the Lead Peroxide method continues to decrease. These figures give an approximate index of the "corrosion potential" in the areas concerned.

The results obtained from the Rainwater Deposit gauges are largely to be regarded as of local value. The fact that some of the gauges show an increase in deposit is probably due to climatic conditions, the annual rainfall in 1966 being somewhat greater than in the previous year.

TABLE V
LEAD PEROXIDE CYLINDERS

AVERAGE SULPHUR POLLUTION (mgm. SO₃/100sq. cm./day)

<i>Area</i>	<i>Site</i>	<i>1965</i>	<i>1966</i>	<i>Highest Month 1966</i>	<i>Lowest Month 1966</i>
A	2	1.88	1.68	3.26	0.82
	3	1.99	1.28	2.50	0.47
G	B	0.95	0.91	2.23	0.44
	I	1.28	1.19	2.95	0.59
	J	1.25	0.99	2.08	0.50
	K	0.95	0.83	1.40	0.33
I	I	0.77	0.62	1.36	0.27
N	I	1.28	1.19	2.81	0.56

TABLE VI
RAINWATER DEPOSIT GAUGES

Area	Gauge No.	Annual Rainfall (inches)		Annual Solid Deposit (Tons/Sq Mile)	
		1965	1966	1965	1966
A	G.D.6	23.63	32.07	213.2	197.1
	D1034	25.44	29.79	160.5	212.9
B	D311	30.41	35.86	138.9	160.0
	D312	29.53	35.92	150.5	165.0
	D150	27.98	30.43	174.8	275.2
C	D131	38.31	38.06	131.6	130.0
G	D349	26.63	34.35	289.6	303.2
	D351	22.73	24.55	170.1	170.4
	D352	23.12	22.95	236.4	189.4
I	D1387	27.10	31.96	186.3	185.6
L	D2291}	35.22	46.57	588.0	503.1
	D4699}				
	D4697	36.84	42.96	367.5	368.3
N	D3405	32.07	32.29	106.0	102.4

SECTION V MISCELLANEOUS SAMPLES

The 242 samples in this Section include many samples submitted as the result of complaints. They comprise 66 samples from County Council Departments, 11 from County District and other Authorities, and 65 from private sources.

OFFICIAL SAMPLES

The 66 samples from various County Council Departments included five samples of food two of which related to Laboratory investigations and the remaining three related to complaints which could not be confirmed.

The remaining 61 samples in this group included 44 *Soaps and Detergents* submitted in connection with contracts relating to the School Meals Service. Seven samples were submitted under the Pharmacy and Poisons Act and included *Hair Colouring and Shampoo Preparations*, a *Domestic Descaler*, an *Oven Cleaner*, a *Fly Spray* and an *Air Freshener*. Four samples of *Dust and Deposits* included one from the wallpaper of a Council house which proved to be mould growth and three from the County Records Office which were examined in an endeavour to identify their source. The remaining three samples included one of *Sand* to detect

any possible corrosive effect, a sample of *Concrete* to check its composition and a sample of *Blast-furnace Slag* to check its sulphur content.

The 111 samples submitted by other Authorities included 85 foods which were submitted on complaint. Of twelve *Canned Fruits* several were from corroded containers and contained appreciable quantities of tin including one sample where corrosion had holed the container and allowed the contents to go mouldy. Most of the nine *Milk Bottles* contained mould growth but one contained a Crane Fly, another contained pastry dough and a third contained cement. The six *Bread* samples contained, respectively, a beetle, a midge, fibres of sacking, caramel colouring, bakery dirt and, lastly, the remains of rubber balls used in the sieving of flour. One of the eight *Meat Pies* had black specks consisting of seasoning but the remaining seven were condemned since they contained foreign matter including animal hide, a portion of a cigarette, a house fly and of course, the usual mould growth. Most of the remaining food samples were mouldy or suffering from some form of deterioration but two of the four *Ice Lollies* contained Calcium Chloride, probably derived from the refrigerating plant and undoubtedly the cause of the unpleasant taste. Among the newer types of samples and, no doubt, a sign of the times, were specimens of tablets found in schools and suspected of being Purple Hearts or similar material. In fact, one such sample consisted of a Penicillin preparation and the other of a Yeast and Molasses compound, neither of which would be particularly stimulating or habit-forming.

The 26 samples other than food, included nine *Detergents*, six *Sludges* for moisture content, and a variety of *Dusts and Deposits* for identification. Insect infestation of a wallpaper was identified as being due to the House Mite.

PRIVATE SAMPLES

Twenty-six of the 65 samples in this group consisted of food samples and included 14 samples of *Sausage* for contract purposes, six *Farmers' Milks* to check composition, four *Foods on Complaint* and lastly, two *Home-made Wines* which were of some interest. Originally of the same composition, one of the samples had been concentrated by a freezing process which got rid of some of the water and left a wine which was more than twice as strong as the original wine as regards alcohol content. The process, of course, also increased the concentration of the other non-aqueous ingredients to the same extent and it seemed doubtful as to whether the gain in alcohol balanced the loss in potability.

Twelve samples of *Water* and nine samples of *Effluents* were also examined. Thirteen *Miscellaneous* samples included nine *Soils* from a building site for salt content, two *Water-Softening Powders*, a *Deposit* from a water supply system and the *Deposit* from the undersurface of a wood block floor for identification. There were four *Toxicological Specimens* consisting of the stomach contents of a dog which contained strychnine, a sample of Horse Litter which did not contain arsenic as was suspected, and two dispensed medicines of which one was about sixty times stronger than prescribed and the other only one quarter of the prescribed strength. The one remaining sample consisted of *Biscuit Meal*.

MILK SUPPLY

The work of the Department in endeavouring to ensure a clean, wholesome and disease-free milk supply throughout the County continued. Details of the sampling of milk from various sources are set out below.

MILK PASTEURISING AND STERILISING PLANTS

The position at the end of the year was:—

1 firm held a Dealer's (Pasteuriser's) and a Dealer's (Steriliser's) Licence

1 firm held a Dealer's (Pasteuriser's) Licence

Both plants were inspected regularly and samples of washed bottles were taken to check the efficiency of the bottle-washing plants.

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1963

The number of licences issued at the end of the year was:—

Dealers' (Pre-packed Milk) Licences	...	1,078
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Dealers' (Untreated Milk) Licences	...	6
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Samples of washed bottles were taken regularly from the premises bottling Untreated milk (one of which ceased bottling during the year). On each occasion six bottles were taken and average bacterial count obtained. Follow-up action was taken where this average count was excessive.

Re-inspection and spot checks are carried out to ensure that conditions under which milk is stored are maintained in a satisfactory manner.

MILK SAMPLING

The pattern of milk sampling continued without change. Samples of street or retail milk were taken by the Department throughout that part of the County area where the County Council is the Food and Drugs Authority.

The samples of retail milk are subject to appropriate tests. Raw milks are examined for cleanliness (the Methylene Blue Test) and also for the presence of tubercle bacilli and Brucella organisms. Pasteurised milks are also subjected to the Methylene Blue Test and, in addition, are checked for the efficiency of the pasteurising process (the Phosphatase Test).

Ultra Heat Treated milks must comply with the Colony Count Test. Ultra Heat Treated milk has only just come on to the market and as yet only a very small amount is sold in the area covered by this Department.

Details of the samples collected, together with the results of the various tests applied thereto, are set out in Table I. This table deals only with street or retail milks; samples from schools and various other institutions are shown separately in Tables III and IV.

The results shown in Table I indicate that 93.2% of the samples were satisfactory on the Methylene Blue Test.

The results of the Phosphatase Test on Pasteurised milk were exceptionally good, only five samples failing out of a total of 2,847 samples examined, i.e. in 99.8% of the samples the milk was shown to have been adequately heat treated.

BIOLOGICAL TESTING

Three hundred and sixty-seven samples of retail milk were subjected to biological examination for the presence of tubercle bacilli and also for *Brucella* infection. No positive samples were reported from any outside Authority in respect of milk produced within the Administrative County.

Nine samples were reported to be infected with *Brucella abortus* (one of the samples was produced outside the Administrative County). In one case the producer also supplied schools and school canteens and the supply to these establishments was cancelled and an alternative supply obtained.

In addition, three samples were found to be positive *Brucella abortus* on Direct Culture examination.

In the case of all positive samples appropriate action was taken.

INFORMAL FOOD AND DRUGS SAMPLING

Not included in the tables of milk samples collected is a total of 2,196 samples collected by the Sampling Officers from retail sources and from schools, institutions, etc. for informal examination under the Food and Drugs Act. These samples were examined for the percentage of fat and solids-not-fat and for the presence of added water. This work is carried out as an administrative convenience and the results are notified to the Chief Inspector of Weights and Measures.

Fifteen samples were reported unsatisfactory as follows:—

8 Untreated	(5 deficient in fat) (3 deficient in fat and solids-not-fat)
6 Untreated (Channel Island)	(3 deficient in fat) (1 deficient in fat and solids-not-fat) (1 deficient in solids-not-fat) (1 deficient in solids-not-fat and containing added water)
1 Pasteurised	(1 deficient in solids-not-fat and containing added water)

These unsatisfactory informal samples, all from retail sources, were followed up by the Chief Inspector of Weights and Measures, who reported as follows:—

7 Untreated	Genuine.
1 Untreated	Deficient in fat—proved by “Appeal-to-Cow” samples to be naturally poor.
3 Untreated (Channel Island)	Genuine.
1 Untreated (Channel Island)	Deficient in fat—further samples genuine.
1 Untreated (Channel Island)	Deficient in fat—proved by “Appeal to Cow” samples to be naturally poor.
1 Untreated (Channel Island)	Added water. Legal proceedings instituted Fined £10 together with £15 15s. costs.
1 Pasteurised (Homogenised)	Genuine.

TABLE I
Summary of street or retail milk samples collected (i.e. excluding samples from Schools, Institutions &c.)
1st January — 31st December, 1966

Type of Milk	Total Samples Taken	Methylene Blue Test (for Cleanliness)				Phosphatase Test (for correct Pasteurisation)		Turbidity Test (Sterilised Milk)		Colony Count Test (U.H.T. Milk)		Biological Test (for presence of T.B. and Brucella Infection)			
		Samples Void	Samples Examined	Result		% 1966	% 1965	Samples Examined	Result	Samples Examined	Result	Samples Examined	POS.	% 1966	% 1965
Untreated (Biological Test only)	710	22	688	Passed	600	87.2	91.2	—	—	—	—	367 { T.B. B.A.	Nil	Nil	0.2
	12	—	—	Failed	88	—	—	—	—	—	—		9	2.4	4.0
Pasteurised	2,847	82	2,765	Passed Failed	2,620 145	94.7	96.4	2,847 % Satis. 1966 99.8 1965 99.8	Passed 2,842 Failed 5	—	—	—	—	—	—
Sterilised	991	—	—	—	—	—	—	991	Passed	—	—	—	—	—	—
Ultra Heat Treated	7	—	—	—	—	—	—	—	—	7	Passed	—	—	—	—
TOTALS	4,567	104	3,453	Passed Failed	3,220 233	93.2	95.4								

PRESENCE OF HYPOCHLORITES IN MILK

Four hundred and twenty-two samples of milk, as shown below, were examined for the presence of hypochlorite residuals. One (Untreated, Channel Island) was found to be unsatisfactory, the presence of hypochlorite being detected. The result was notified to the Producer, the Medical Officer of Health of the district where the milk was produced, and the Divisional Milk Officer.

Untreated	...	...	...	180
Untreated (Channel Island)	...	...	...	39 (1 unsatisfactory)
Pasteurised	...	...	...	130
Pasteurised (Channel Island)	...	...	...	40
Sterilised	...	...	...	33
Total	...	...	...	422

MILK IN SCHOOLS SCHEME—GENERAL

At the end of the year under review, the position regarding the numbers of school children receiving milk and the type of milk supplied under the Milk in Schools Scheme to the various schools in the Administrative area (excluding Newcastle Excepted District) was as shown in Table II

TABLE II

MAINTAINED SCHOOLS

Type of Milk	Schools sampled by Staffs. C.C.		Schools in the Areas of the Food & Drugs Authorities of Brierley Hill U.D. Cannock U.D. Stafford M.B. (Not sampled by Staffs C.C.)		No. of children supplied (figures supplied by Education Dept.)
			No. of suppliers	No. of schools supplied	
Pasteurised	25	450	5	98	71,223
Untreated	4	5	—	—	114
Total	29	455	5	98	71,337

NON-MAINTAINED SCHOOLS

Pasteurised	7	24	4	4	2,777
Untreated	1	1	—	—	104
Total	8	25	4	4	2,881
Totals for all schools	37	480	9	102	73,218

All the supplies are subject to the approval of the County Medical Officer

Normally, a supply of Pasteurised milk is insisted upon if such is available

Failing this, Untreated milk is approved.

SAMPLING

School milk supplies are sampled regularly, every supply being sampled at least twice a term, and every school sampled at least once a year.

Untreated milks are examined bacteriologically (for cleanliness) and biologically (for the presence of tubercle bacilli and Brucella organisms).

Pasteurised milks are submitted to the Phosphatase test for the efficiency of the pasteurising process and the Methylene Blue test for cleanliness.

Where samples are repeatedly unsatisfactory alternative suppliers are found.

The results of the samples taken from schools are shown in Table III.

TABLE III

<i>School Milk</i>	<i>Samples Examined</i>	<i>Passed</i>	<i>Failed</i>
Methylene Blue Test	798 (excluding 6 void due to high atmos- pheric shade temper- ature)	775	23 (6 Untreated 17 Pasteurised)
Phosphatase Test	716	716	Nil
Biological Examination: (a) Tubercle bacilli (b) Brucella abortus }	26	(a) 26 (b) 26	(a) Nil (b) Nil* <i>see note</i>

Unsatisfactory samples of Pasteurised milk processed at dairies licensed by the County Council are investigated by the County Health Inspectors for both Methylene Blue and Phosphatase test failures. Where the dairy is not licensed by the County Council, samples which fail the tests are reported to the Medical Officer of Health of the licensing authority concerned, for appropriate action.

*NOTE. No evidence of Brucella abortus was found in milk supplied to schools but one producer whose retail milk was found to be affected and who also supplied schools and school canteens was stopped from supplying milk to these establishments as a precautionary measure and until the herd from which the milk was obtained was free of infection. An alternative supply of milk was arranged meanwhile.

GLASS ETC. IN SCHOOL MILK BOTTLES

Two incidents of glass in school milk bottles were reported to the Department during the year, as well as fourteen complaints concerning foreign bodies in milk bottles, dirty or damaged bottles, etc. All were fully investigated and the matters taken up with the dairies concerned.

GENERAL

In addition to samples taken under the foregoing heads, samples of milk were also taken during the year from S.C.C. School Canteens, Hospitals, Children's Homes, County Council premises, Day Nurseries, Play Groups and certain Private Schools and Colleges. Six hundred and ninety samples were taken (29 Untreated, 661 Pasteurised) the reports on which are summarised in Table IV.

TABLE IV

<i>School Canteens, Hospitals, etc.</i>	<i>Samples examined</i>	<i>Passed</i>	<i>Failed</i>
Methylene Blue Test	679 (excluding 11 void due to high atmos- pheric shade temper- ature)	658	22 (3 Untreated 19 Pasteurised)
Phosphatase Test	661	661	Nil
Turbidity Test			
Biological Examination			
(a) Tubercle bacilli	19	(a) 19	(a) Nil
(b) Brucella abortus		(b) 19	(b) Nil* <i>see note Table III</i>

Appropriate action was taken in the case of all failed samples.

TESTING FOR ANTIBIOTICS IN MILK

The sampling of milk to determine the presence of antibiotics, commenced in 1965, was continued during the year currently under review.

In 1966 a total of 288 such samples were taken from producer/retailers and dairies receiving milk for processing, of which 17 including five from producer/retailers, were found to contain antibiotics to some extent, ranging from a "slight trace" to 0.05 international units penicillin. In two instances the milk was produced outside the County and in all cases investigations were conducted to find the cause. It is significant that, following the implementation of the Milk Marketing Board's price penalty clause on the 1st April, 1966, which operates against farmers whose milk is found to contain antibiotics, there was a marked and rapid decline in the number of "positive" samples taken by this Department. In fact only three of the 17 samples referred to above were found after the 1st April.

SUMMARY

The following is a summary of routine samples collected by the Department during the year:—

Retail ("Street" Milks)...	...	...	4,567
Schools ...	...	...	804
School Canteens ...	...	...	346
Hospitals, Homes, etc.	...	...	344
"Food and Drugs" (Milk)	...	...	2,196
"Hypochlorites"	...	...	422
"Antibiotics" ...	...	...	288
			8,967

There were in addition a not inconsiderable number of milk samples taken from individual cows, of bulked and churn milk, arising out of investigations which are carried out into *Brucella abortus* infection of milk. These tests are carried out in an effort to assist the farmers in tracing the affected animals.

MISCELLANEOUS MATTERS

The only change which has occurred in the routine inspection of schools and other premises under the control of the County Council, with particular reference to kitchens, canteens, sanitation, including small sewage disposal works, water supplies and swimming baths is that the number of swimming baths and small sewage disposal plants attached to schools continue to increase in numbers.

There are also steady increases in the number of sewerage and sewage disposal schemes, as well as extensions to existing works, which are being completed by district councils. The sampling of effluents from these works is regularly carried out and note is taken of the general management of the works.

The relationship between District Councils' Health Departments, Surveyors' Departments and the County Health Inspectorate continues to be excellent and is one which makes for close co-operation in all aspects of the work falling within their respective provinces.

SCHEMES OF WATER SUPPLY, SEWERAGE AND SEWAGE DISPOSAL

For the financial year 1965/66 a sum of £108,460 was contributed by the County Council to District Councils towards the cost of water supply, sewerage and sewage disposal schemes.

During the year water supply schemes estimated to have cost £63,522 and sewerage and sewage disposal schemes estimated to have cost £2,062,121 were submitted to the County Council for grant purposes and were considered by the Health Department. Applications for grants were made under the Rural Water Supplies and Sewerage Acts 1944/55 and/or under Section 56 of the Local Government Act 1958. Details of the various schemes considered during the year are as follows:—

SCHEMES OF WATER SUPPLY

Uttoxeter Rural District

Extension of Water Main—Newborough End

This scheme, estimated to cost £4,972, is to provide a mains supply to certain properties at Newborough End. The scheme was recommended for approval but the District Council was asked to consider minor extensions to provide easier facilities for connections to the main for some of the properties concerned.

Cheadle Rural District

Mains Extension to Hawsley Cross, Alton

This scheme, estimated to cost £3,500, was to provide mains supplies to a small number of properties at present supplied by wells, streams or springs. The wells were alleged to dry up in summer and flooding of the River Churnet put the spring supply out of use. The scheme was recommended for approval.

Uttoxeter Rural District

Hollington Lane, Croxden and Nab Lane Scheme

This scheme, estimated to cost £45,700, was to provide a water mains supply to a fairly large area of the Rural District with a substantial demand for agricultural use and for some 38 domestic properties. The area suffers badly in dry seasons when water has to be carted and the scheme was recommended for approval. The scheme provided for the taking of bulk supplies from the Uttoxeter Urban District Council's trunk main at Rocester and included for a booster station.

Heatley Water Supply Scheme, Abbots Bromley

This scheme, estimated to cost £9,350, is to provide for an extension to deal with a number of farm properties and cottages. The existing well supplies and springs are known to be polluted and it is claimed there is a shortage in dry periods. Included in the scheme was a booster station. The scheme was recommended for approval subject to adjustment if the booster station was to provide for better overall pressure for the area as distinct from it being necessary for the proposed extension.

SCHEMES OF SEWERAGE AND SEWAGE DISPOSAL

Tutbury Rural District

Rolleston, Tutbury and Anslow Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £271,647, was to provide extensions to the Rolleston sewage disposal works in order to deal with increased flow from Rolleston and also to deal with sewage from the Tutbury area which would be pumped to Rolleston and the existing Tutbury works abandoned.

The scheme was not recommended for approval it being considered that the Rural District Council should look into the matter of the sewage being pumped to and treated at the Burton-on-Trent sewage disposal works where very large extensions have recently been completed, the points being (i) the Rolleston works site was subject to extensive flooding; (ii) that there was a drinking water supply intake off the River Dove below the outfall from Rolleston sewage disposal works. The intake is designed to extract some 14 million gallons of water per day from the river and it is obvious that any step which can be taken to provide purer water at the intake is advisable. (iii) The number of treatment works would be reduced and (iv) the purely domestic sewage from the Tutbury and Rolleston areas would possibly be of benefit in the dilution and treatment of difficult trade wastes met with at the Burton-on-Trent disposal works. (v) The existing Rolleston works would be left to deal with the flow for which they were designed until their useful life was ended, the whole flow could then go to Burton.

Lichfield Rural District

Hints Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £26,065, is to provide a sewerage and sewage disposal scheme for the village of Hints where there is at present only a highway drain taking part of the village sewage and where there are no proper treatment arrangements. The scheme was recommended for approval.

Stafford Rural District

Haughton Sewerage and Sewage Disposal Scheme

This was an amended scheme which was put forward to meet some proposals made by the County Council on an earlier scheme. The amended scheme, estimated to cost £33,584, covered in the main the suggestions of the County Council but the suggestion that a sewer be extended along Jolt Lane and Park Lane to cater for five properties has only been partially accepted. The amended scheme was recommended for approval but the District Council was again asked to reconsider their objections to the extension of the sewer along Jolt Lane.

Uttoxeter Urban District

Surface Water Sewer—Byrds Lane to Elks Biscuit Factory

This scheme, estimated to cost £70,650, forms part of the overall re-sewerage scheme which the County Council considered in July, 1964. The scheme relates to a surface water sewer which passes under Elks biscuit factory and deals with the western areas of Uttoxeter. The existing sewer is overloaded and complaints have been made about flooding of the factory from time to time. The scheme was recommended for approval.

Cannock Rural District

Essington and Hilton Park Motorway Service Area Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £127,500, is to provide sewage disposal facilities for the new Service Area to be built in the Hilton Park district of the M.6 motorway and to provide at the same time a disposal works with sufficient capacity for dealing with the sewage from the existing Hobnock Road, Essington disposal works. The Hobnock Road works are badly overloaded and difficulties have arisen with regard to future extensions on or near their present site. Included in the scheme is a new outfall sewer from the existing Hobnock Road disposal works to the proposed new works, the existing disposal works would be abandoned.

The scheme is a joint one with the Ministry of Transport who are making a contribution to the scheme, leaving some £30,000 chargeable to the District Council. The scheme was recommended for approval.

Newcastle Rural District

Baldwins Gate Sewerage and Sewage Disposal Scheme Extensions

This scheme, estimated to cost £15,300, is to provide additional sludge drying beds and to extend the existing sewerage system to serve properties in the Hill Chorlton area at Baldwins Gate. The scheme was recommended for approval.

Stafford Rural District

Salt Sewerage Scheme and Extensions to Weston-on-Trent Sewage Disposal Works

This scheme, estimated to cost £21,981, comprises of two sections:—

- (1) Provision of sewers, a small pumping station and rising main to deliver the sewage from Salt to the existing sewage disposal works at Weston.
- (2) Extensions to the Weston sewage disposal works to deal with the sewage from Salt and for increased flows from Weston village itself.

Pollution of streams and ditches is taking place at Salt and the improvement and modernisation of older properties in the area is being delayed pending the provision of a proper sewerage and sewage disposal system. Subject to a technical point regarding the well to the pumping station at Salt, the scheme was recommended for approval.

Cheadle Rural District

Hall Green, Lower Tean, Sewerage Scheme

This scheme, estimated to cost £1,450, is to provide sewerage facilities for four properties in the Hall Green area of Lower Tean. This scheme replaces an earlier proposal made some ten years ago when it was proposed to extend the main to deal with these properties at a cost of £750 per property. This particular extension, owing to the relatively high cost, was not recommended for approval by the County Council. The present proposals are based on a revised route for the sewer in addition to which the owners of the properties have promised to contribute towards the cost and the net cost of the scheme to the District Council is now estimated to be £1,225 or £306 per property. The scheme was recommended for approval.

Lichfield City

(a) Valley Lane Surface Water Sewer

This scheme was to provide a new surface water sewer in the Valley Lane area to relieve the existing foul sewer which is badly overloaded in times of heavy rain. The estimated cost was £15,810 and subject to an adjustment in that part of the cost which it was considered should be regarded as a highways charge (this was later agreed at 50 per cent) the scheme was recommended for approval.

(b) St. Chad's Road Surface Water Sewer

This scheme, estimated to cost £10,643, forms part of an improvement scheme for the St. Chad's Road and consisted of a new 18"—36" diameter concrete sewer together with the necessary alterations to connections made to the existing foul sewer. The scheme was recommended for approval.

(c) Walsall Road Surface Water Sewer

This scheme, estimated to cost £29,600, is to provide satisfactory surface water sewerage arrangements in the Walsall Road area by laying a new surface water sewer from Christ Church Lane to the Friary Roundabout. The scheme also provided for the diversion of surface water connections made to the existing overloaded foul sewer and provision was made for future development in the area. The scheme was recommended for approval.

(d) Curborough Sewage Disposal Works Extensions Stage I

This scheme, estimated to cost £158,560, is the first stage in the reconstruction and extension of the Curborough sewage disposal works. The scheme provided for the construction of two storm water tanks, percolating filters, humus tanks and additional sludge drying beds. The extensions proposed were interim extensions only and certain work was to be carried out which would be necessary for the ultimate size envisaged for these works and would be carried out because of the practicalities of the construction work and to avoid wasteful expenditure either now or at a later date. This department considered that it would be advisable to bring forward the later stages of the proposed extensions since it was considered that development would take place at a more rapid pace than that envisaged by the City Council. Subject to this comment the scheme was recommended for approval.

Leek Rural District

Endon Sewerage and Sewage Disposal Scheme

This scheme, the estimated capital costs of which are £237,800, is an amended scheme replacing that approved by the County Council at its meeting on 25th July, 1964. The original scheme, estimated to cost £172,000, was to serve Endon and to have capacity for dealing with Longsdon as well as proposals to relay certain lengths of sewers. The scheme also included provision for sludge drying beds and cold digestion. Sludge pressing facilities were to be allowed for and provided when the population exceeded 3,600. The amended scheme provides for capacity to cover the Bagnall and Stanley areas in addition and the works are designed to deal with a flow of 303,000 gallons a day from a population of 7,800 instead of a flow of 215,000 and a population of 5,275. Furthermore the new scheme provides for chemical treatment and sludge pressing only instead of the sludge drying beds provided for in the original scheme. The scheme was recommended for approval.

Lichfield Rural District

Kings Bromley Sewerage and Sewage Disposal Scheme

This scheme, estimated to cost £66,967, is to provide a sewerage and sewage disposal scheme for the Kings Bromley area where there are no proper sewerage or sewage disposal arrangements at the present time. The scheme envisages a new system of sewers with two pumping stations with a possibility of a third pumping station which ultimately may be found necessary. The existing arrangements are quite unsatisfactory and obvious pollution of ditches is taking place.

This department considered it would be well worth while investigating the possibility of the sewage being pumped from the Kings Bromley area to the Bond End sewage disposal works at Yoxall which are in the Tutbury Rural District. The works are approximately a mile and a half from Kings Bromley and it is known that the Tutbury Rural District Council are contemplating extensions to the works in the near future. The scheme was recommended for approval subject to the matter of dealing with the sewage being further considered in conjunction with Tutbury's R.D.C.'s proposals to extend their own works.

Lichfield City

Reconstruction of Curborough Sewage Disposal Works and Extensions Stage I

This scheme, estimated to cost £230,000, replaces an earlier scheme considered by the County Council in July, 1966. The original scheme, estimated to cost £158,560, was approved by the County Council subject to the Lichfield City Authority's giving consideration to the suggestion that it was advisable to bring forward the later stages of those extensions. The scheme now put forward provides for a population of 30,000 and an estimated flow of 1,300,000 gallons per day compared with the previous scheme which allowed for a population of 26,100 and an estimated flow of 1,096,800 gallons. Subject to further information being supplied regarding the arrangement for sludge treatment, the scheme was recommended for approval.

Leek Urban District

Leekbrook Sewage Disposal Works Extensions

This scheme, estimated to cost £686,000, is to provide extensions to the Leekbrook sewage disposal works and allows for new screens, detritor and disintegrator, sedimentation tanks, filter beds, humus tanks, an alternating double filtration pumping station with pressure filtration plant for sludge together with ancillary works. The scheme also provides for the conversion of the existing sewage works manager's house into offices, laboratory, mess room and storage accommodation. The scheme was recommended for approval.

Cheadle Rural District

Dilhorne Sewerage Scheme

This scheme, estimated to cost £60,564, is to provide some 6,200 yards of 6-inch sewer, some 79 manholes and two pumping stations to deal with sewage in the Dilhorne area. Owing to the contours of the land, pumping is necessary but the greater part of the scheme provides for gravity sewers. The scheme was recommended for approval.

Leek Urban District

Park Road Sewerage Scheme

- This scheme, estimated to cost £99,600, is to provide:—
- (a) a relief sewer duplicating an existing sewer which is subject to surcharging between Portland Street and Sherborne Road in the Buxton Road;
 - (b) new storm and foul water sewers between Ball Haye Road and Abbey Green Road;
 - (c) new storm overflow in Ball Haye Road together with new storm and foul water sewers connecting Stockwell Street with the proposed new sewers in (b) at their head in Ball Haye Road.

The need for the scheme arises from the necessity to replace an existing old brick culvert which has collapsed on several occasions in the past. The scheme will also relieve flooding in times of storm and cater for future housing development, particularly in the Park Road area. Subject to no adverse comments from the County Planning Officer, the scheme was recommended for approval.

MINISTRY OF HOUSING AND LOCAL GOVERNMENT—INQUIRIES AND VISITS OF INSPECTION

During the year the following Ministry Inquiries were held into proposed schemes of water supply, sewerage and sewage disposal.

The County Health Department was represented by the County Health Inspector who also accompanied the Ministry Inspector on his visits of inspection.

- 18.1.66 Lichfield City—Ministry Inquiry with regard to
 - (a) proposed sewage works extensions;
 - (b) a 72" storm water sewer at Netherstowe and
 - (c) proposed sludge treatment plant for trade waste.
- 13.4.66 Cannock Rural District—Ministry Inquiry into the proposed joint Essington and Hilton Motorway Service Area sewerage and sewage disposal scheme.
- 7.6.66 Tamworth Borough—Ministry Inquiry into proposed sewerage and sewage disposal scheme covering extensions to works, new sewers and a temporary Pasveer ditch sewage treatment plant.
- 8.9.66 Cannock Rural District—Ministry Inquiry into proposed Lapley sewerage and sewage disposal scheme.
- 7.12.66 Leek Urban District—Ministry Inquiry into proposed sewage disposal works extensions and improvements.

INFECTIOUS DISEASES

The following statistical table relates to the notifiable infectious diseases and the deaths from the diseases among the home population during 1966.

The figures relate to the reduced Administrative County, following the boundary changes on 1st April, 1966. On reference to the general statistical tables in this report, the numbers and attack rates for each County District will be found.

Diseases	Notifications		Deaths	
	Urban	Rural	Urban	Rural
Smallpox	—	7	*	*
Scarlet Fever	234	96	*	*
Diphtheria	—	—	—	—
Enteric Fever	—	—	*	*
Measles	3,177	1,546	—	—
Whooping Cough	144	87	—	—
Puerperal Pyrexia	8	3	*	*
Erysipelas	7	2	*	*
Meningococcal Infection	3	1	2	2
Acute Poliomyelitis (Paralytic)	—	—	}	—
Acute Poliomyelitis (Non-Paralytic)	—	—		
Acute Encephalitis (Infective)	1	—		
Acute Encephalitis (Post Infectious)	—	—		
Pneumonia	68	53	217	207
Dysentery	142	71	*	*
Food Poisoning	10	9	*	*

*Not Classified in Registrar-General’s Return.

Comparisons with statistics for previous years will, of course, make little sense having regard to the total loss of population.

The only comment that can be made on the figures, is that it is again pleasing to be able to report that there were no notifications of diphtheria or poliomyelitis in the Administrative County. The seven cases of small-pox notified, all resided in the Cheadle District. The whooping cough notifications for the Administrative County (231 cases) were higher in 1966 than in 1965 (185 cases) when the County was much larger.

MASS RADIOGRAPHY

I am grateful to the Directors of the Mass Miniature Radiography Units at Stoke-on-Trent and Wolverhampton for providing reports of their work during 1966 from which the following information has been extracted:—

STOKE-ON-TRENT MASS RADIOGRAPHY UNIT

1966 was the first full year during which the service operated from the new Central Out-patients’ Department in Stoke-on-Trent. The number of persons X-rayed by the static 100 m.m. unit increased by about 3,000 compared with the previous year and General Practitioners referred more patients than ever before. On the other hand the service for expectant mothers is being purposely “run down” because of the very low case-finding rates in this group. A more convenient service will soon be available at the new Maternity Hospital. The “Ante-Natal Service” is now limited to a few selected cases, mostly contacts of tuberculosis persons.

The numbers of persons X-rayed by the Mobile 70 m.m. unit fell by 3,000 compared with the previous year. This was mainly due to extending the surveys of special small groups, such as General Practitioners referrals, geriatric homes etc., at the cost of routine factory surveys.

Respiratory Tuberculosis

The number of newly detected cases in need of treatment and/or close supervision was only slightly lower than in 1965 (87 as against 94). A large proportion of these cases originated from General Practitioners referrals, not only at base but also at the Mobile Unit. Twenty-seven per cent of the newly detected cases in 1966 were below the age of thirty-five years and in this area, in contrast to most others in the Birmingham Region, Asian immigrants contribute only a small proportion of new cases. The control of tuberculosis has made great progress but "eradication" is still a distant goal.

Pneumoconiosis

The number of newly-detected cases was slightly higher than during the preceeding year which was due to the resumption of pithead surveys at major collieries. However, compared with the results of previous pithead surveys the decline in new cases is very impressive, and this trend is supported by the statistics published by the National Coal Board and the Ministry of Fuel and Power. It must of course be stressed that each year fewer men are under risk.

In the pottery industry the figures of newly-identified cases remained at a gratifyingly low level, and for the first time since 1952 no cases of Progressive Massive Fibrosis were found in women.

In addition to cases of mineral dust pneumoconiosis, cases of other respiratory conditions caused by occupational hazards were detected during the year, for instance, Farmer's Lung and Isocyanate poisoning. A number of cases of rheumatoid pneumoconiosis (Caplan's Syndrome) were found in men and women.

Lung Cancer

The 130 cases found in 1966 present a new sad record. The operability rate was only 15% for men and 23% for women. This may be partly due to the increasing tendency of treating lung cancer by radiotherapy and/or chemotherapy. With a very few exceptions all patients were cigarette smokers. Statistics show that the proportion of men above the age of 65 at the time of diagnosis has slightly increased, but this may be due to more frequent surveys of geriatric institutions and to more referrals of old men by General Practitioners rather than to epidemiological factors.

Other Conditions

A very large number of cases of pneumonitis were seen and followed up at the static unit. This service is widely used by General Practitioners who also sent many patients for assessment of cardiac size and shape.

Future Policy

The Director states that in recent years it has become obvious that frequent routine factory surveys, especially those of large works, have become unproductive and that the emphasis should now be put on a service of special groups. In North Staffordshire with its special occupational problems there will be a need for "mobile" mass radiography for many years to come.

WOLVERHAMPTON MASS RADIOGRAPHY UNIT

As in previous years surveys were carried out in the four counties of Stafford, Hereford, Worcester and Salop during 1966 but the total number X-rayed by the mobile unit fell by some 13,000. This was partly due to more selection, and the effort to make visits to previously un-examined groups.

SURVEYS AT BASE

The numbers remained substantially unchanged and the twice weekly sessions for general practitioner referrals continued as before, other periods being set aside for ante-natal patients, contacts, tuberculin positive children etc. Patients with acute inflammatory lesions were either brought back to the next outpatient clinic or recalled for further 100 mm. X-ray examination after a suitable interval.

TUBERCULOSIS IN THE AREA

The figures for those examined at the New Cross Unit remained almost unchanged compared with 1965 and the rates per thousand were fractionally higher. New immigrants have come for X-ray from several sources notably the Public Health Department and the necessity for them to be examined cannot be in any doubt.

TUBERCULOSIS AMONG ASIANS

The number X-rayed rose by over 800 to 3,861 and from this group 34 cases of active tuberculosis were found, a rate of 8.8 per thousand, 1.2 per thousand higher than in 1965.

SPUTUM POSITIVE CASES

The Public Health Laboratory at Stafford examined most of the sputum specimens sent by patients from home and 52% of active cases had sputum which was positive on direct smear or culture. Sensitivity to anti-tuberculosis drugs was routinely tested and results forwarded.

NON-TUBERCULOUS ABNORMALITIES

The pattern was much the same as in 1965 and the majority of the abnormalities were due to bacterial and virus infections. In this connection the Bacteriology Laboratory was most helpful in culturing sputum and giving an indication of the antibiotic sensitivity of the organisms. The figure for bronchial carcinoma rose to 86 as compared with 70 in 1965.

Patients with suspected abnormalities were recalled for further investigation to the next available outpatient clinic either at the Chest Radiology Centre or at New Cross Outpatient Department. Every endeavour was made to have a report on the 100 mm. film in the hands of the general practitioner within 48 hours or to notify him that his patient was being recalled.

Routine tuberculin testing of contacts and other young persons thought to be at risk was carried out each Monday morning by the Tuberculosis Health Visitors. The tests were read after three days and B.C.G. or X-ray undertaken as indicated.

The close integration of the Mass Radiography Unit with all these services and the ready availability of the other hospital departments, particularly X-ray, Laboratory and Physiotherapy, is greatly to the benefit of the patients.

VENEREAL DISEASES

During the year, 1,402 Staffordshire patients attended for diagnosis and treatment for the first time compared with 1,534 in 1965 and the following detailed table indicates where the treatment was obtained. It will be seen that in 1966, 1,113 of the persons who attended were found not to be infected and the corresponding figure in the previous year was 1,183. The actual cases in 1965 and 1966 were 351 and 289 respectively.

The all round decrease in numbers in the table below for 1966 is accounted for by the major West Midland boundary changes which occurred on 1st April, 1966.

TREATMENT CENTRE	Syphilis	Gonorrhoea	*Other Conditions	Total New Cases
Birmingham General Hospital	5	59	153	217
Burton-on-Trent General Hospital	1	—	8	9
Dudley Guest Hospital	1	10	29	40
Stafford (Staffordshire General Infirmary) ..	—	14	66	80
Stoke-on-Trent (Wellesley Street)	6	43	276	325
Walsall (Manor Hospital)	4	64	258	326
Wolverhampton Royal Hospital	11	71	323	405
Totals	28	261	1,113	1,402

* Non-Venereal

For comparative purposes the totals of the cases included in the foregoing table for the last thirty-two years have been extracted and are given below:—

Year	Syphilis	Soft Chancre	Gonorrhoea	Total Cases	Non-Venereal
1935	166	4	322	492	295
1936	137	6	294	437	341
1937	116	5	320	441	326
1938	133	3	302	438	344
1939	116	5	283	404	310
1940	126	1	244	371	348
1941	111	1	267	379	359
1942	134	2	266	402	512
1943	163	2	271	436	783
1944	171	2	273	446	791
1945	186	—	355	541	867
1946	275	2	451	728	1,180
1947	147	2	254	403	682
1948	177	4	219	400	904
1949	148	—	234	382	842
1950	85	—	178	263	824
1951	67	—	163	230	760
1952	54	—	136	190	666
1953	64	—	158	222	698
1954	51	—	109	160	707
1955	39	—	105	144	562
1956	46	—	117	163	531
1957	43	—	163	206	700
1958	43	—	148	191	650
1959	37	—	142	179	797
1960	28	—	121	149	960
1961	32	—	155	187	920
1962	29	—	194	223	978
1963	43	—	213	256	981
1964	34	—	227	261	1,042
1965	29	—	322	351	1,183
†1966.. ..	28	—	261	290	1,113

† Boundary Change